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# Coordinating Comprehensive Care for Children (4Children)

Semi-Annual Performance Report

October 1, 2017 – March 31, 2018

May 14, 2018



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**Coordinating Comprehensive Care for Children  
(4Children)**

**Semi-Annual Performance Report  
October 1, 2017 – March 31, 2018**

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## List of Acronyms

ACP	Alternative Care Panel
AGYW	Adolescent girls and young women
AIDS	Acquired Immune Deficiency Syndrome
BCN	Better Care Network
CCC	Community-Clinic Coordinators
CCPA	Child Care and Protection Act (Namibia)
CHW	Community Health Worker
CIDP	County Integrated Development Plan
COP	Country Operational Plan
CRS	Catholic Relief Services
CSO	Civil society organization
CWBSA	Clowns Without Borders-South Africa
DCOF	Displaced Children and Orphans Fund
DCS	Department of Children's Services (Kenya)
DEP	Direction d'Etudes et Planification (DRC)
DISPE	Direction des Interventions Sociales pour la Protection de l'Enfant (DCR)
DRC	Democratic Republic of Congo
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
DSP	Department of Social Protection (Botswana)
DSW	Department of Social Welfare (Swaziland)
ECD	Early childhood development
EU	European Union
FORSSAS	Fortalecimento dos Sistemas de Saúde e Acção Social (Mozambique)
FY	Fiscal year
GSSWA	Global Social Service Workforce Alliance
HES	Household economic strengthening
HES-TCAT	Household economic strengthening -Technical capacity assessment tool
HIV	Human Immunodeficiency Virus
HOP	Headquarters Operational Plan
HTC	HIV testing and counseling
HTS	HIV testing and services
HVPT	Household Vulnerability Prioritization Tool
IP	Implementing partner
IRB	Institutional Review Board
KCHPF	Keeping Children in Healthy and Protective Families
KCS	Keeping Children Safe
LGA	Local government area
MEAL	Monitoring, evaluation, accountability and learning
MER	Monitoring, evaluation and reporting
MGCAS	Ministry of Gender, Children and Social Action (Mozambique)
MGECSW	Ministry of Gender Equality and Child Welfare (Namibia)
MGLSD	Ministry of Gender, Labour and Social Development (Uganda)
MINAS	Ministry of Social Affairs, Humanitarian Action and National Solidarity (DRC)
MOU	Memorandum of Understanding
NATICC	Nhlangano AIDS Training Information and Counseling Center (Swaziland)
NGO	Non-governmental organization

OHA	Office of HIV/AIDS
ONA	Organizational Network Analysis
OPQ	Optimization performance quality
OVC	Orphans and vulnerable children
PATA	Paediatric-Adolescent Treatment Africa
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
RCT	Randomized controlled trial
SAF-T	Sustainability Capacity Assessment Framework and Tool
SAPR	Semi-annual progress report
SG	Secretary General
SILC	Savings and Internal Lending Communities
SIMS	Site Improvement Monitoring System
SOP	Standard Operating Procedures
SOW	Scope of work
TA	Technical assistance
TAS	Social assistant technicians (Mozambique)
TOT	Training of Trainer
TWG	Technical working group
USAID	United States Agency for International Development
USAID/W	USAID/Washington, DC
USG	United States Government
VAC	Violence against children

## I. Introduction

The Coordinating Comprehensive Care for Children (4Children) project is a five-year, USAID-funded project to improve health and well-being outcomes for orphans and vulnerable children (OVC) affected by HIV and other adversities. 4Children is implemented by Catholic Relief Services (CRS), in partnership with IntraHealth International, Pact, Plan International USA, Maestral International, and Westat.

The project was awarded in September 2014 and is now midway through its fourth year. To date, 4Children has implemented four cycles of centrally-funded “core activities” with HOP funding<sup>1</sup>, supporting a cumulative total of 20 distinct activities. In addition, 4Children has implemented specific, country-focused activities in 13 countries, funded through USAID Mission “buy-ins”, support from the Displaced Children and Orphans Fund (DCOF) of USAID, or (in the case of Ethiopia), Headquarters Operational Plan (HOP) funds.

This semi-annual progress report (SAPR) highlights activities and key achievements during the period from October 1, 2017 – March 31, 2018, during which time 4Children was implementing 16 core activities as well as the buy-in activities in 12 countries. Each of the 4Children core and country activities have distinct objectives, activities, and deliverables. However, put together, they all contribute to advancing the project’s central aims of scaling up the use of evidence-based programming for children affected by HIV and other adversities, strengthening systems in order to improve access to essential services, and building a base of evidence for effective child welfare and protection interventions. In a mutually reinforcing cycle, outputs from the core activities are informing and strengthening delivery of country-focused activities, while the country activities serve as platforms for testing and refining key core activity products and processes.

While the aims of scaling up services, strengthening systems, and building an evidence base are closely inter-related, they provide a useful framework for describing both the realized and the expected contributions of the 4Children project to the field of OVC programming. The first part of this report details the project’s efforts under each of the core activities. This section also includes a description of each core activity achievements against the annual targets established in the HOP16 work plan, which comes to an end at the close of this reporting period. The following section (III) summarizes each of the current country-focused, buy-in activities.

In Part IV, an overview is provided of the project’s quantitative achievements against two key, PEPFAR OVC indicators in country activities reporting against those indicators. Part V of the report describes the project’s management structure, staffing, and efforts to ensure effective collaboration and communication among 4Children’s consortium members and with USAID, and provides an overview of the project’s finances. Important challenges and other reporting requirements are included in parts VI and VII.

Annex 1 shows the project’s updated set of achievements for each of the core activities against the project’s established targets from HOP16.

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<sup>1</sup> HOP13 (September 2014-September 2015); HOP14 (October 2015-March 2016); HOP15 (April 2016-March 2017); and HOP16 (April 2017-March 2018)



## II. Summary of Progress on Core Activities

During the October 2017 – March 2018 reporting period, 4Children supported the implementation of 14 core activities. These activities addressed four broad themes:

- **Social Welfare and Child Protection System Strengthening**, including Case Plan Achievement, Strengthened Referral Mechanisms, and support for the Global Social Service Workforce Alliance
- **Child Protection**, including integrating violence prevention and response support into HIV programming, enhancing clinic-community linkages to address sexual violence, child safeguarding training, and support for the Better Care Network.
- **HIV Program Integration and the Continuum of Care**, including Early Childhood Development, Mental Health, and HTS Integration into OVC Programming
- **Evidence Building**, including support for OVCSupport.org, Piloting Social Service System Strengthening Indicators, ongoing research in Zimbabwe, and the End-line Evaluation of Strengthening Public Sector Social Services System in Ethiopia Project

Details of each of the core activities during the reporting period, as well as a summary of achievements against the activities and deliverables from the annual HOP work plan, are provided below.

### 1. Case Plan Achievement

**Overview:** Under the case plan achievement activity, 4Children is focused on a) completing dissemination of the case management guidance prepared previously, and b) providing technical assistance for the development of guidance related to case plan achievement and the associated benchmarks. 4Children has played a critical role in developing the case management approach and integrating the concept of case plan achievement throughout that process, including the development and roll-out of a set of case plan achievement benchmarks and related tools and standard operating procedures. This has been done in close coordination with USAID, and has informed country-level work in more than six country/OVC project contexts including: Nigeria, DRC, South Sudan, Kenya, Uganda, and Malawi. 4Children will continue to lead in the provision of technical assistance around this topic, both globally and at the country level, during the next workplan phase and build the evidence on the implementation of case plan achievement to learn from and improve similar interventions.

**Objectives:** To support the increased understanding and use of a case management approach that integrates case plan achievement within OVC programming, through:

- Disseminating relevant tools, job aids, and technical assistance that promotes the integration of a case plan achievement approach into OVC programming;
- Developing and piloting tools and guidance which support strong case management and promote ethical and successful exit of children and their caregivers from OVC programming; and
- Building evidence through case studies and operational research to learn from and improve similar interventions.

**Accomplishments during the reporting period:** 4Children utilized the experiences gained from



implementing the case management approach in more than five countries to refine and update a global case management package that will be available for future OVC projects to adapt and contextualize to the needs and specific context where case management is being implemented. The global case management package includes sample tools and benchmarks from each 4Children country implementing case management. In response to requests from the field, 4Children also developed job aids on the following topics: supportive supervision, data protection and confidentiality, how to communicate with children and caregivers when discussing sensitive topics, tips for explaining case management and case plan achievement to families, and a job aid with key, evidence-based messages for case workers to reinforce during each home visit. These job aids were incorporated into the global case management package.

4Children also continued to lead in the provision of technical assistance on case plan achievement. 4Children presented the concept of case plan achievement and the related benchmarks in several country-specific meetings with OVC projects and USAID missions, in phone meetings with USAID and MEASURE Evaluation, and through technical assistance provided to bilaterals via email or in-person meetings. Furthermore, in two countries, Kenya and Uganda, 4Children provided technical assistance to design and lead a process of developing, reviewing, and validating a national set of benchmarks. This process resulted in one set of benchmarks being used by all OVC implementing partners in Kenya. It also resulted in an agreed-upon and government-endorsed set of benchmarks, as part of a national case management package for vulnerable children, in Uganda.

In addition, the case management approach has continued to be highlighted through various platforms and fora. This includes through various country-level meetings with OVC bilaterals, through 4Children's participation and leadership in the Global Social Service Workforce Alliance Case Management Interest Groups (Case Management Tools and Resources and Case Management Principles), and through the continued dissemination of case management related publications on OVCSupport.org.

During this period, 4Children has provided technical assistance, together with 4Children Kenya, to support the transition of caseloads from one OVC project to another, utilizing the case plan achievement readiness assessment tool. This experience, whilst relatively nascent, will continue to be documented and findings will be collated to use as a learning document for other OVC projects.

4Children has also supported the design of tracer studies in Nigeria and Kenya examining health and well-being outcomes for children and households at six and 12 months following case plan achievement. These studies will provide useful evidence on the transition process as well as the initial use of benchmarks and related tools to help support the process. Both the qualitative and quantitative data collection has been completed and the initial report drafted. This has been reviewed and a final version is expected during the next workplan period. In Kenya, the research protocol has been developed and submitted for IRB approval. The data collection, analysis, and report writing will occur in the next workplan period.

**HOP16 Achievements:** Achievements under this activity in relation to the HOP16 annual work plan are as shown below:

<b>Planned Activities</b>	<b>Expected Deliverables</b>	<b>Achievements</b>
Presentations on CM and distribution of CM materials, including case plan achievement and benchmarks in at least one workshop or conference	4 country program presentations and 150 copies of CM material at symposium	4Children has presented information on the case management approach, case plan achievement and the benchmarks in various fora including OVC meetings at country level (Kenya, Uganda, Ethiopia and Zimbabwe); in participation in the GSSWA Case Management Interest Group; and ongoing dissemination via OVCSupport.org.
Digital dissemination of CM materials	CM materials available through consortium network and OVCSupport.org	CM materials produced to date include one brief, three case studies, one summary document, and one SIMS technical guidance. Posted on OVCSupport.org, these materials had 425 page views during the period.
Organize regular meeting(s) with ASPIRES, MEASURE, and other OVC partners to share experiences, lessons learned, and resources on case plan achievement approach in the context of OVC programming	Meetings conducted. Meeting reports.	Participated in several meetings (phone) with USAID and MEASURE evaluation, including presenting the benchmarks and supporting the review of OVC Logic Model as it relates to the OVC benchmarks and well as discussions around OVC_Serv.
Webinar series on CM case studies and materials	One webinar per quarter on each of the case studies	One webinar was scheduled but pushed back to May due to conflicting obligations by the presenter from the Namibian Government.
Develop consensus on benchmarks for case plan achievement and pilot benchmarks in two selected countries	Final approved benchmarks and related tools and standard operating procedures	Kenya, Malawi, and Uganda have gone through a process of reviewing and validating a set of benchmarks. Kenya's benchmarks are approved and used by all OVC implementing partners. Uganda's benchmarks have been developed, reviewed and validated by all OVC implementing partners, non OVC partners and the Ministry of Gender, Labour and Social Development.
Develop four case studies highlighting OVC program transition experience with implementation of the PEPFAR pivot in Nigeria and Kenya, and with transition from USAID to CDC IPs in Uganda and DRC. Post final case studies on OVCSupport.org	Four case studies disseminated via OVCSupport.org	4Children has developed a Scope of Work for this activity with USAID, prioritizing Uganda and DRC for the case studies. Experiences and lessons learned in Nigeria and Kenya, such as the development and use in Kenya of standard operating procedures for assessing the caseload to be transferred from one OVC project to another (after project closure) utilizing the case plan achievement readiness assessment will also be documented.
Develop guidance on transfer including examples of MOUs between OVC program and other service providers	Guidance document	In addition to the work mentioned above, additional guidance will be developed in the upcoming work plan period.

Host webinar highlighting the case studies and experience of transitioning OVC programming out of specific geographic locations in response to the PEPFAR pivot.	One webinar	To be scheduled in the next work plan period.
Complement tracer studies being conducted in Kenya and Nigeria under 4Children buy-ins with the conduct of two additional tracer studies in Uganda and possibly DRC or Malawi at the six and twelve month marks to learn more about the outcomes of children and families that have exited OVC programming via the case plan achievement pathway.	Report detailing the tracer study findings and key points of comparison to buy-in supported tracer studies in Nigeria and Kenya.	No additional tracer studies are planned.
Host a webinar to share the results of the tracer study and comparison findings/	One webinar	To be scheduled in the next work plan period.
Prioritize benchmarks and inventory, collect, and develop as needed toolkits and job aids for case managers, with guidance, curricula, best practices, and SOPs available to support individual benchmark attainment	Draft toolkits and job aids for prioritized benchmarks prepared	4Children is prioritizing the development of guidance for rolling out benchmarks.
Finalize plans for HOP17 Case Plan Achievement activities, including finalization and dissemination of benchmark attainment job aids, case management cost effectiveness analyses, exploring different, lower-cost case management models, such as group-based case management, and integrating CM with other platforms such as SILC and parenting interventions.	Case Plan Achievement priorities for HOP17 identified and agreed upon	Developed and to be included in TA Extender work plan proposal for the April – September 2018 period.

## 2. Strengthened Referral Systems

**Overview:** The timely referral of children to necessary services within and between different sectors (e.g., health, justice, education, and social services) is critical for effectively preventing and responding to the multiple vulnerabilities faced by children and families affected by HIV and other adversities. Within OVC programming, direct service referrals from one service provider to another are the most common means of ensuring services are provided. These referrals can occur within the same sector (e.g. from one social service provider to another) and between sectors (from social services to a health clinic or vice versa). The linkages between the health sector and social service sector are especially relevant within OVC programming given that children and families affected by HIV and other adversities tend to have multiple vulnerabilities that require services and support provided by both sectors. Furthermore, OVC programming can actively contribute to the 90-90-90 effort through the successful linking of community based

programming and HIV clinics, helping to ensure that the testing, care and treatment, and disclosure processes are done in a systematic manner based on consistent and well understood referral processes.

In support of efforts to strengthen referrals within OVC programming, 4Children has finalized a reference document on referral mechanisms, addressing USAID feedback. The reference document provides an overview, definitions, and examples of common referral mechanisms utilized within OVC programming, including the hub and spoke, case conferencing, network, liaison, and one-stop shop models. Furthermore, two case studies highlighting different types of referral mechanisms utilized in OVC programs in Mozambique and South Africa have been finalized.

**Objectives:** To document core considerations and highlight promising practices and lessons learned about referral mechanisms utilized within OVC programming to help to ensure comprehensive care of OVC including strong community-clinic linkages.

**Accomplishments during the reporting period:** 4Children has disseminated the [referral mechanism reference document](#), and launched the two case studies from [Mozambique](#) and [South Africa](#). In consultation with USAID, 4Children identified another opportunity to document positive practice. However, after plans were made and methodology developed, it was determined by USAID/DC and the country mission to not move forward with this case study. 4Children is currently working with USAID to determine if another promising practice should be identified and a case study developed.

**HOP16 Achievements:** Achievements under this activity in relation to the HOP16 annual work plan are as shown below:

Planned Activities	Expected Deliverables	Achievements
Disseminate Referral Mechanism reference document and two finalized case studies from Mozambique and South Africa via OVCSupport.org and other appropriate forums (i.e., GSSWA, REPSSI conference, OVC Summit, etc.)	Final Referral Mechanism reference document disseminated	Referral reference document disseminated, and used to inform the development of referral guidance in Nigeria and Kenya. Case studies launched via OVCSupport.org
Identify 2 additional case studies, possibly one examining the promising practice of case conferencing within OVC programs, and the 2 <sup>nd</sup> examining Nigeria's bi-directional referral system. Conduct field visit, KII and FGD, and document both models.	Two case studies on case conferencing	One case study on an activity utilizing technology was identified but determined not appropriate to move forward with.
Draft Summary Document highlighting common approaches, strengths, challenges, lessons learned and implications for	Draft Summary Document to complement the three case studies	Agreement was reached with USAID that a summary document will not be needed, given only two case studies and the existence of the referrals reference document.

programming found within the four case studies.		
Finalize referral mechanism “package” and prepare for dissemination via OVCSupport.org		The case studies and reference document have been disseminated via OVCSupport.org.
Organize and host a webinar to highlight and discuss tools, resources, innovations, and issues related to referral mechanisms in OVC programming.	Presentation for webinar	To be scheduled after a final decision is made regarding an additional case study/case study is completed.

### 3. Global Social Service Workforce Alliance

**Overview:** The Global Social Service Workforce Alliance (the Alliance) works toward a world where a well-planned, well-trained and well-supported social service workforce effectively delivers services that improve the lives of vulnerable populations. The Alliance’s mission is to promote the knowledge and evidence, resources and tools, and political will and action needed to address key social service workforce challenges, especially in low- to middle-income countries.

**Objective:** To provide continued support to the management of the Alliance and to the development of several concrete products, in coordination with other workforce strengthening partners, under the auspices of the Alliance.

**Accomplishments during the reporting period:** During this reporting period, the Alliance has further expanded its activities and its reach as a network, bringing stakeholders together to exchange information on workforce issues, develop concrete tools and resources useful to social service workforce strengthening initiatives, and cultivate a broader group of organizations and leaders who are focusing their attention on workforce issues.

The Alliance continued to convene, advance knowledge, and advocate for workforce strengthening. Membership levels and engagement of members have continued to increase, as more people join the conversation about innovative ways to strengthen the workforce. The experienced cadre of Alliance Ambassadors have continued their role as advocates for the social service workforce, and a second cohort has been recruited and will begin their terms in September 2018, with the first cohort of Ambassadors acting as mentors.

Measurable accomplishments during the six-month reporting period include:

- Improved member engagement via outreach activities, such as engaging over 100 people in the interest group on case management and presence at conferences;
- Added 100 new resources to the resource database, expanding it to 760 resources, and increased number of page views to 271,311;
- Expanded Alliance membership to 1,798, an increase of 318 people over the previous 6 months;
- Recruited and oriented three new Steering Committee members and carried out monthly Steering Committee conference calls;
- Developed and hosted two live webinars on case management, viewed 262 times including live viewers and later YouTube downloads;

- Supported ongoing work of the interest group on case management, which has brought over 100 experts together across organizations and countries, and finalized a document outlining the core concepts and principles of case management; the group also created a Compendium of Case Management Resources to allow people to more easily access key resources on case management;
- Continued to support Alliance Ambassadors from seven countries as they carry out plans to raise awareness of the importance of a strengthened social service workforce to achieve UN Sustainable Development Goals; worked with Alliance Ambassadors to develop a Call to Action, a key outcome recommendation of the September 2017 Ambassador meeting; disseminated the document summarizing key achievements by the Ambassadors produced in September 2017;
- Disseminated the advocacy toolkit at multiple events, including a social work conference for the East Africa region held in Rwanda in March 2018, where three Alliance Ambassadors and one Steering Committee member presented;
- Continued compiling the workforce mapping toolkit in tandem with supporting UNICEF regional offices with mapping exercises;
- Completed the 2017 State of the Social Service Workforce Report in February 2018 (personal stories were gathered from 53 social service workers about their work and the difference they have made in the life of a family affected by violence or family separation in 27 countries) and officially disseminated it on World Social Work Day on March 20, 2018; in the first 11 days before the end of this reporting period, it was downloaded 138 times; a webinar is planned for April 12 to further describe the report and disseminate it more widely;
- Signed partnership agreements with the UNICEF Regional Office in South Asia, the Regional Office in East Asia and the Pacific, and the Regional Office in the Middle East and North Africa with funding to carry out workforce mapping exercises in 23 countries; an agreement is also underway with the UNICEF NYHQ office;
- Continued to work on building relationships with new funders to help ensure sustainable future funding.

**HOP16 Achievements:** Achievements under this activity in relation to the HOP16 annual work plan are as shown below:

Planned Activities	Expected Deliverables	Achievements
Improve member engagement via the website, expand resource database, and increase number of page views	120 new library resources 250,000 website page views	173 new resources added to the library 271,311 website page views
Expand Alliance membership	1600 GSSWA members	1,798 members as of March 31, 2018
Hold monthly Steering Committee conference calls and support Steering Committee and Alliance member engagement	Monthly Steering Committee meeting conference calls and annual in-person meeting held	12 meetings, including annual in-person meeting held
Develop and host webinars and other information sharing sessions on emerging workforce strengthening themes	Three webinars or other information sharing sessions	Three webinars conducted (two on case management, one a live webcast from the annual Symposium)

Support the case management interest group to produce at least one product in its first year (e.g. a compendium of case management-related resources)	Case Management Interest Group Product	Two products developed: document outlining core concepts and principles of case management, and Compendium of Case Management Resources
Support annual meeting for Ambassadors and engage them as country-level workforce champions to document progress in workforce advocacy over past year	Documentation of progress of Ambassador advocacy plans	Finalized and disseminated document summarizing key achievements by the Ambassadors
Translate selected Alliance resources	2+ Alliance products translated	3 additional products translated into Spanish
Hold the annual Symposium in May 2017 in conjunction with the annual in-person Steering Committee meeting	2017 Annual Symposium held	2017 Annual Symposium held in May, 2017
Implement a strategic thinking process to strengthen GSSWA sustainability and impact	Outcome report prepared by strategic thinking consultant for internal planning	Outcome report on internal planning produced
Develop a toolkit to assist Alliance Ambassadors and workforce advocates to promote the social service workforce	Advocacy toolkit and infographics completed and disseminated	Toolkit completed and disseminated/downloaded over 600 times
GSSWA representation, including participation on panels at the REPSSI Forum in Arusha, Tanzania and the annual Social Work Day at the UN event in March 2018.	Outcome report from REPSSI Conference summarizing input on Alliance efforts on case management and advocacy	Final 2017 REPSSI Conference report includes input from Alliance on case management and advocacy efforts
Identify, modify or develop tools to support workforce mapping processes and compile into workforce mapping toolkit	Workforce mapping toolkit developed	In process (to be completed by September 2018)
Produce 2017 State of the Social Service Workforce Report	2017 State of the Social Service Workforce report disseminated	Report completed and dissemination begun (to include webinar in April 2018)

#### 4. Integrating Violence Against Children (VAC) Prevention and Response Activities

**Overview:** Preventing and responding to the extensive scale of physical, emotional, and sexual violence against children and adolescents is increasingly recognized as a critical component of efforts to reduce the prevalence and incidence of HIV, as well as being of intrinsic importance to child and adolescent well-being. Under PEPFAR 3.0, implementers are working to integrate core services for children and adolescents across the continuum of care, including services that aim to prevent and respond to violence, abuse, exploitation, and neglect. 4Children is seeking to identify opportunities for incorporating interventions that prevent and respond to all forms of violence within priority PEPFAR Program Areas at the community and clinical level, starting with HIV testing and services (HTS) and pediatric treatment and care. 4Children has been working with key USAID stakeholders to build on the recommendations of a summary report on the linkages between violence and HIV and how this might be addressed in clinical and other settings, with a focus on developing practical training tools.



**Objective:** 4Children will work with PEPFAR Technical Advisors to identify key opportunities to incorporate interventions that prevent and respond to violence within priority PEPFAR program areas at the community and clinical level, starting with HTS and pediatric treatment and care.

**Accomplishments during the reporting period:** Activities in this period built on the two priority recommendations identified in the [summary report on VAC](#) in HIV settings. In October 2017, 4Children finalized and disseminated terms of reference for two complementary consulting assignments: developing a training curriculum for integrating VAC prevention and response interventions within clinical settings, and developing a tool for use in clinical care settings to facilitate the identification and support for children at risk of or experiencing violence. Following wide dissemination of the scope of work and submissions from a range of countries, 4Children selected the consulting and research company, LVCT Health (<http://lvcthealth.org/>), based in Nairobi, Kenya. The team have a wide range of clinical, research, and practical writing experience, including engagement on the WHO GBV clinical tools and a range of GBV tools in Kenya. It was agreed that the two scopes of work be conducted jointly and, between October 2017 and March 2018, LVCT Health conducted a background review of available resources and tools, conducted 15 additional consultations with key informants with practical (clinical and/or health worker training) experience. By the end of the reporting period, LVCT Health have completed a framework and rationale for the training and identification tool and have drafted a curriculum outline. The full training curriculum and tool are currently being developed, whilst reference group members are providing their feedback. The full set of materials for review will be available by May 2018, to be followed by piloting and validation.

Due to budget constraints, the third proposed activity – a review of models of enhancing family-focused violence prevention and support for children and adolescents living with HIV – has not yet been completed. However, the VAC and family strengthening STAs have informally identified potential areas for focus and this work has been included in a number of 4Children country buy-ins, especially Lesotho, Nigeria, and Haiti, where issues of violence have been intentionally introduced into the parenting and adolescent support work that is underway.

**HOP16 Achievements:** Achievements under this activity in relation to the HOP16 annual work plan are as shown below:

Planned Activities	Expected Deliverables	Achievements
Finalize revised summary report with findings of desk review, KII, and list of recommendations and agree on implementation plan for priority recommendations	Final summary report	The summary report was submitted in April 2017 and final approval received in July 2017.
Establish a TWG on VAC prevention and response for HIV clinical settings to plan for 3 recommended activities (training curricula; identification tool & checklist; family-focused communication materials on VAC & HIV)	TWG scope of work and membership agreed	A scope of work for the TWG to support the first two recommended activities was shared with potential members in November 2017, after review by USAID. Currently there are 15 members, who have actively contributed to materials shared thus far.

Draft training materials (curricula, job aids, training tools) based on existing HIV and VAC curricula; identification of evidence-based VAC awareness, prevention and response training tools; development of HIV-sensitive training guidance targeted at HIV workforce in clinical care settings	Review of existing curricula; training objectives identified; draft training materials developed	An inception report has been submitted by LVCT Health and approved, and a framework for the training curriculum and identification tool drafted and shared with the reference group. Facilitator training manual and participant handbook are being developed and will be shared with reference group by end April 2018.
Draft training materials reviewed by clinical practitioners through platform such as Paediatric-Adolescent Treatment Africa (PATA)	Review meeting; draft tools revised	Materials will be reviewed by PATA during the reference group review process in April 2018; reference group includes clinical practitioners.
Pilot training tools in 2 – 3 PEPFAR countries identified by TWG where there are already linkages between child protection and HIV services	Piloting reports completed; tools finalized; dissemination	This activity will be delayed until April-June 2018.
Training tools finalized; disseminated through PEPFAR, OVC Support.org and related forums	Training curricula finalized	Delayed until April-June 2018.
Consult with TWG to agree on objectives of VAC identification tool for use in HIV clinical settings	TWG scope of work and membership agreed	Reference group was consulted initially on TOR; LVCT Health (see below) undertook further KIIs with informants about objectives of “Child Protection Enquiry Tool” as it is now called.
Commission VAC/HIV clinical experts to draft violence identification and support tool and checklist	Consultants contracted; tool and checklist drafted; draft reviewed by TWG	LVCT Health contracted in November 2017; tool in draft and to be finalized in Apr-May 2018.
Pilot tool in 2 – 3 PEPFAR countries, identified by TWGs (same sites as training tools above)	Piloting completed and lessons learned disseminated	As above; merged with curriculum piloting.
Finalize & disseminate tool	Tool finalized	As above; merged with curriculum piloting.
Review models of enhancing family-focused violence prevention and support for children and adolescents living with HIV focusing on adult-child communication, options for family-focused clinic services, disclosure support, focusing on integrating approaches into selected 4Children-supported family strengthening programs	Review completed; sample tools integrated into 4Children parenting products in selected sites	Not yet completed, due to funding changes. Potential documentation on violence prevention within family strengthening underway with family strengthening STA, but will depend on financial resource availability.

## 5. Enhancing Clinic-Community Linkages for Child and Adolescent Survivors of Sexual Violence

**Overview:** In 2015, the AIDSFree project published [\*Strengthening Linkages Between Clinical and Social/Community Services for Children and Adolescents who Have Experienced Sexual Violence: A Companion Guide\*](#). The guide provides a basic framework, examples, resources, and job aids for health providers and managers to better understand and facilitate linkages with critical social and community services for comprehensive care of children and adolescents who have experienced sexual violence. The guide was developed to meet the identified need to move beyond referrals and enhance effective and sustainable clinical services with critical social and community services for comprehensive care, beyond the clinical exam. In August 2016, 4Children conducted a scoping visit to Kenya to gauge the feasibility of piloting the Companion Guide in Kenya. Based on this visit, a decision was made to pilot models in two counties (Turkana and Busia), ensuring that the piloting is aligned with and contributing to the work of the Department of Children's Services (DCS). 4Children also proposed to pilot the Companion Guide in Uganda.

**Objective:** To pilot a roll-out of the *Strengthening Linkages Companion Guide* as a means of supporting tools for establishing a functioning and effective referral system for children and adolescents who have experienced sexual violence, with linkages to the critical short and long-term medical, psychosocial, safety/protection, legal/justice, and other social services in three sites, two in Kenya and one in Uganda.

**Accomplishments during the reporting period:** In Kenya, despite delays caused by repeat elections, the piloting process has been underway. A formal letter of engagement and approval was provided by the Director of the DCS. The DCS has been providing leadership and ownership of the process throughout the activity, by facilitating introductory meetings to county-level stakeholders and participating, sometimes lead facilitating, discussions at county level. Meetings in October led to a decision to pilot in Turkana and Nakuru Counties. The choice of Nakuru was made after inputs from UNICEF, who are supporting child protection and VAC centres in that county. During the reporting period, workshops were held with key stakeholders to review and identify how to remove barriers to clinic-community linkages. These have led to action points and guidance on reducing barriers, feeding into the national case management system being spearheaded by DCS. In Uganda, there were significant delays in gaining initial approval for the pilot from USAID/Uganda, due to concerns about ensuring buy-in to existing national processes, and then within CRS to ensure alignment with CRS programming. After approval was received, a consultant was hired, and the activity was introduced to national stakeholders in March 2018. A series of meetings are being planned, to be conducted in one region, with representatives of two districts. These will lead to a set of job aids identified by participants as being the most useful in addressing commonly recognized challenges to coordination and referrals relating to clinic-community linkages.

**HOP16 Achievements:** Achievements under this activity in relation to the HOP16 annual work plan are as shown below:

Planned Activities	Expected Deliverables	Achievements
Recruit local technical assistance in Uganda and Kenya	TA contracted	CRS Kenya TA contracted in April 2017 (on hold during reported delays in first two quarters); 4Children Uganda support identified in October 2017 and local facilitation and documentation consultant hired January 2018
Conduct stakeholder workshop in Kenya to enable buy-in from child protection, health and SGBV actors; develop detailed implementation plan	Detailed implementation plan, Kenya Multi-agency TWG established; Terms of Reference agreed	MOU agreed with DCS end 2017; county-level stakeholder meetings conducted in Q3 and detailed implementation plan prepared and agreed with DCS.
Conduct scoping visit to Uganda to assess pilot suitability, identify stakeholders and activities; determine minimum service package and available resources; engage multidisciplinary stakeholder team	Scoping visit report assessing country sites against agreed pilot selection criteria	Scoping visit was not undertaken, opting instead to disseminate information on the project through existing networks and meetings (e.g. national advisory group on VAC); a 'launch' meeting to formally initiate the project completed March 18.
Support implementation in 2 sites in Kenya and one in Uganda, including consultative meetings with county stakeholders and quarterly stakeholder group meetings	Detailed county/district implementation plans; job aids/SOPs/training resources	Implementation plans developed by Dec 17 (Kenya) and Feb 18 (Uganda). Workplan finalized and scheduled meetings and identified pilot activities are underway, to be completed by end of June 2018.
Develop and implement monitoring and evaluation plans	M&E plans populated at monthly supervision meetings	Updates on progress documented during county (Kenya) and region (Uganda) meetings
Conduct county/district-level learning meetings and final learning meetings where findings validated & sustainability plans developed		Initiated in Jan 2018 (Kenya) and Mar 2018 (Uganda); schedule of meetings underway to be completed by May 2018.
Document and disseminate pilot report, documenting experiences, tools and SOPs developed, challenges, lessons learned, recommendations	Report(s) and case studies disseminated; tools developed	To be finalized by June 2018.

## 6. Training and Technical Assistance for Meeting Child Safeguarding Requirements

**Overview:** USAID Standard Provisions outline actions that implementing partners are required to take to ensure and to document that they are taking measures to reduce the risk of child abuse, exploitation, and neglect. The 4Children project is working in partnership with the UK-based organization, Keeping Children Safe (KCS), to provide training and technical assistance (TA) for strengthening the capacity of OVC partners in selected countries to meet these requirements. In prior reporting periods, 4Children facilitated training on child safeguarding standards and practices for a total of 70 OVC implementing partners in Kenya, Zimbabwe, and Uganda. KCS provided on-going TA to support the development of USAID-compliant child safeguarding policies

and procedures as well as other organization-identified commitments to improve child safeguarding.

**Objective:** To provide training and TA to OVC program implementers and other partners, in close collaboration with relevant USAID country teams, to ensure that the partners have adequate child safeguarding measures in place and are implementing those measures to reduce the risk of and to address concerns related to child abuse, exploitation, and neglect that can result from personnel working with children or from the design and implementation of projects that fail to protect children.

**Accomplishments during the reporting period:** During the reporting period, 4Children supported KCS to plan and deliver a total of six trainings with OVC partners in Nigeria, Tanzania, Botswana, and DRC, in close coordination with the USAID Missions in those countries. The trainings included:

- Two, three-day trainings in Abuja, Nigeria, with a total of 44 participants, from 27 implementing partners and USAID/Nigeria
- One, three-day training in Arusha, Tanzania, with 26 participants from 22 organizations, including OVC IPs, government, and USAID/Tanzania
- One, three-day training in Gaborone, Botswana, with 26 participants from six OVC IPs
- Two, three-day trainings in the DRC (one in Kinshasa, one in Lubumbashi) with a total of 49 participants, representing eight IPs and government

The trainings in Nigeria and DRC had additional content on child safeguarding in emergency contexts.

After each training, KCS provided individualized, virtual technical assistance to all interested organizations to support them to carry out their child safeguarding action plans. In particular, KCS provided detailed reviews, advice, and resources to enable each organization to develop or update child safeguarding policies to be compliant with USAID requirements and KCS standards. At the end of this reporting period, this assistance was ongoing in all four countries. In Nigeria, where the six-month, post-training period of TA is drawing to a close, KCS reviewed and provided detailed feedback and recommendations to 14 organizations (including those who worked on the same project and shared a project-specific child safeguarding policy). Of these, six organizations have policies considered compliant by KCS, while eight others are working to address the recommendations of KCS in order to be compliant. Other organizations have not been responsive to the KCS follow-on TA (and may or may not have compliant policies).

**HOP16 Achievements:** Achievements under this activity in relation to the HOP16 annual work plan are as shown below:

Planned Activities	Expected Deliverables	Achievements
With USAID, finalize selection of four additional priority countries, projects, and partners for in-country training and TA		Three priority countries (Botswana, DRC, Nigeria, and Tanzania) and project partners were selected.
With Mission OVC Focal Points, identify and invite participants; determine number and dates of training		Participants were identified from the OVC project partners; training dates were established.

Support KCS to assess priority training needs (through participant self-assessments and pre-training questionnaires) and develop training agenda and materials		Pre-training questionnaires and organizational self-assessments were distributed to all participating organizations by KCS, the results of which informed the training agendas and materials.
Support KCS in implementing one or more (per country) three-day, in-country trainings on child safeguarding and USAID standard provisions related to child safeguarding	At least four in-country trainings delivered on Child Safeguarding	Six trainings were conducted (two each in Nigeria and DRC; one each in Botswana and Tanzania).
Provide virtual, post-training TA to participating organizations to develop and monitor implementation of child safeguarding action plans	Report on development of policies and implementation of plans six months post-training	KCS provided post-training follow up to trainees in all four countries to support the development of child safeguarding policies, procedures, and other individual organization-specific action plan commitments. The post-training TA period has been completed in Nigeria (and report delivered). All organizations have been provided information regarding KCS membership and certification.
Support KCS to deliver two-day, in-depth follow-on trainings (linked to the three-day basic trainings), or three-day stand-alone trainings for organizations who have participated in the basic child safeguarding trainings), on the roles and responsibilities of designated child safeguarding focal points	Child Safeguarding Focal Points from at least 30 OVC IPs trained to support their organizations in implementing approved child safeguarding policy and procedures	Due to the increased demand for the basic child safeguarding training, USAID approved the delivery of two additional basic trainings instead of Focal Point training and webinars. All trained organizations were provided with resources to support child safeguarding focal points (TOR, training materials, reporting guidelines, risk assessment, etc.)
Schedule and facilitate open webinars on child safeguarding, including a) basic concepts and related USAID standard provisions, b) emergency contexts, c) FBO interventions, d) sponsorship, e) LGBT children, f) managing serious allegations, and g) the internet.	Up to three webinars on child safeguarding implemented in accordance with approved outline	

## 7. Better Care Network

**Overview:** Better Care Network (BCN) is an international network of organizations committed to supporting children without adequate family care around the world. BCN's primary role is to facilitate information exchange and collaboration on family strengthening and alternative care and to promote technically sound policy and programmatic action. To this end, BCN publishes working papers, develops technical resources, and provides technical guidance on child care issues, by responding to individual requests, providing input to inter-agency working groups, and providing technical support to implementing actors. BCN plays an influential role in standard setting, supports the development, implementation, and monitoring of guidance and tools to improve care practices, and has been the co-convenor of several international and regional conferences and inter-agency working groups to promote care issues on international, regional, and national agendas.

**Objective:** With USAID support through 4Children, BCN aims to increase knowledge, information exchange, capacity, and collaboration in order to strengthen family-based care, prevent family separation, and provide appropriate alternative care when needed.

**Accomplishments during the reporting period:** BCN continued to increase significantly the amount of information on children's care available to practitioners, policy makers, donors, and researchers on its website and newsletter, with a focus on priority countries in Eastern and Southern Africa. During the reporting period, key achievements included the following:

- An additional 961 documents were added to the [BCN website](#), including 129 new resources identified and added to the priority country pages. 15 Country Care Reviews were published during the reporting period.
- The [Online Directory of Organizations](#) has been further developed, with 59 additional organizations added to it. A total of 305 organizations are now included in the Directory, representing 81 countries from 20 regions. The directory is accessible through an interactive map which links to other country, regional, and global level data on the website and enables users to zoom in from global to regional and country level views.
- BCN published five comprehensive newsletters, each reaching over 4,120 stakeholders. The July- October 2017 Issue focused on the latest research evidence and tools on the links between violence against children and children's care. The issue included a [Discussion Paper on Violence Against Children and Care in Africa](#), produced by BCN as a background document for the [Africa Expert Consultation: Violence Against Children in All Care Settings](#) that BCN organized jointly in June 2017 in Nairobi, Kenya, in partnership with ACPF, CRS, and other partners in the region. A November 2017 Issue of the BCN newsletter focused on [Refugee and Migrant Children](#), including several key resources from the Inter-agency Working Group on Unaccompanied and Separated Children and the Global Conference on Children on the Move. The December 2017 Issue was a joint edition with ReThink Orphanages (the Australian initiative of Better Volunteering Better Care) highlighting recent achievements in advocating for the inclusion of orphanage trafficking in Australia's Modern Slavery Act, along with resources relevant to [orphanage trafficking and its recognition as a form of modern slavery](#). The January 2018 edition of the BCN Newsletter brought the latest research and tools relating to the [mental health and psychosocial implications for children who are separated from their families and/or in care](#), including two studies linked to the Bucharest Early Intervention Project. In February 2018, BCN published a Joint Special Issue with the [Initiative for Child Rights in the Global Compacts](#), highlighting the work of the Initiative to ensure the Global Compacts on Migration and Refugees are child-focused and grounded on the rights of children. The issue included resources related particularly to unaccompanied or separated child migrants and refugees, as well as the prevention of family separation in the process of migration and displacement.
- The Uganda Care profile was produced and reviewed. Comprehensive comments were made and information gaps identified. The consultant team conducted additional research to address those gaps and revisions were made. The revised draft is to be submitted for review by a reference group under the leadership of the Uganda Ministry of Gender, Labor and Social Development in April, and the final version of the report will be copy-edited and laid out for publication in May 2018.
- Research work on the global report on the evidence on children's care was undertaken and a draft produced following comprehensive consultations and interviews with experts in the field.



Based on this, a decision was taken to divide the report and the research into two stages, with the first report focusing on the evidence from programmatic documentation and other ‘grey literature’ sources from practice. A second phase of research is envisaged to focus on the academic peer-reviewed literature. A matrix of current and planned research on children’s care at global, regional, and national level was also produced, which includes over 60 pieces of research relevant to children’s care.

**HOP16 Achievements:** Achievements under this activity in relation to the HOP16 annual work plan are as shown below.

Planned Activities	Expected Deliverables	Achievements
Identify priority countries and gather and summarize national legal and policy documents, situation analyses, relevant socio-economic and statistical data, documentation of country and regional level programs and practice learning, and care-related reviews of implementation under international and regional conventions	10 country pages developed with data on children’s care	Resource-rich country pages are available on the BCN website for 21 priority countries, including Burundi, Cambodia, Ethiopia, DRC, Ghana, Jordan, Kenya, Lesotho, Liberia, Malawi, Mozambique, Namibia, Nepal, Nigeria, Rwanda, Sierra Leone, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. An additional 1,839 new resources were added to these pages during this period, including 334 added to the 21 priority country pages.
Carry out desk review and field research in Uganda to produce overview and analysis of the care system, including family strengthening and prevention of separation, gaps, challenges and recommendations for strengthening care reform	A comprehensive Country Care Profile for Uganda published and disseminated widely	Uganda Country Care profile has been produced; draft was reviewed and edited; additional research was conducted to address gaps, and final draft finalized to be reviewed by reference group.
Produce four comprehensive newsletters containing the latest research, programmatic documentation, laws and policies, tools and trainings, events and initiatives, as well as news from around the world relating to children’s care	4 newsletters, each with a thematic focus	Six newsletters were published and disseminated, including two joint special issues.
Map organizations working on care at national, regional and global levels, with emphasis on priority countries, including short profile of organization, focus and contact information; publication and dissemination of the tool; updating information	Online directory of organizations working in care up and running on the BCN website with information available for key organizations in at least 10 countries	The Online Directory now includes a total of 305 organizations, including an additional 167 organizations added during this period, representing 81 countries from 20 regions.
Coordinate and disseminate learning and information through <i>Care To Practice</i> , BCN’s Eastern and Southern Africa Online Community of Practice, including through webinars/ practice-based learning events	<i>Care2Practice Online</i> Community of Practice has facilitated 4 practice-based learning events.	Webinar and facilitated discussion: <i>Family strengthening and parenting in East and Southern Africa</i> . Live interview with Dr Rachel Bray.

focused on country-level learning on the implementation of care reforms		<p><a href="http://bettercarenetwork.org/bcn-in-action/key-initiatives/care-to-practice/%E2%80%9Cwhat-are-we-learning-about-family-care-parenting-and-adolescence-in-east-and-southern-africa%E2%80%9D-an">http://bettercarenetwork.org/bcn-in-action/key-initiatives/care-to-practice/%E2%80%9Cwhat-are-we-learning-about-family-care-parenting-and-adolescence-in-east-and-southern-africa%E2%80%9D-an</a></p> <p>Webinar and facilitated discussion: <i>Programmes in practice: "Parenting for Life Long Health"</i>. Live interview Dr. Jamie M. Lachman.  <a href="http://bettercarenetwork.org/bcn-in-action/key-initiatives/care-to-practice/programmes-in-practice-%E2%80%9Cparenting-for-lifelong-health%E2%80%9D-with-dr-jamie-m-lachman">http://bettercarenetwork.org/bcn-in-action/key-initiatives/care-to-practice/programmes-in-practice-%E2%80%9Cparenting-for-lifelong-health%E2%80%9D-with-dr-jamie-m-lachman</a></p> <p>Live interview: <i>What I've learned about parenting programmes in Tanzania</i>, with Kudely Sokoine, Tanzania country programme coordinator at ICS-SP (icsafrica-sp.org).  <a href="http://bettercarenetwork.org/bcn-in-action/key-initiatives/care-to-practice/what-i%E2%80%99ve-learned-about-parenting-programmes-in-tanzania-with-kudely-sokoine">http://bettercarenetwork.org/bcn-in-action/key-initiatives/care-to-practice/what-i%E2%80%99ve-learned-about-parenting-programmes-in-tanzania-with-kudely-sokoine</a></p> <p>Special coverage "Violence Against Children in all care settings - Africa Expert Consultation"  <a href="https://storify.com/BCN/getting-started">https://storify.com/BCN/getting-started</a></p>
Global report on the evidence on children's care, reviewing surveys and research on major aspects of children's care and care reforms, both empirical and grey literature; limitations, gaps, and initiatives to address them; and recommendations on moving towards a more strategic research agenda on children's care.	Publication of a global report mapping the evidence available on key aspects of children's care and care reforms.	Draft report of the evidence on children's care from the programmatic literature has been produced based on literature review and interviews with practitioners. Report is being reviewed by BCN and will be submitted to final review by reference group.
Online matrix of current and planned research on children's care at national, regional and global level which will be updated on an ongoing basis and published on the BCN website with public access to input data on new research initiatives.	An online matrix of current and planned research relevant to children's care globally will also be produced and shared on the BCN website.	Online matrix of current and planned research has been produced and is being reviewed for publication.

## 8. Early Childhood Development (ECD)

**Overview:** A growing evidence base has demonstrated the positive impact of early childhood development (ECD) on the health, well-being, and educational attainment of children throughout their life cycle. Recent research has illustrated that ECD programs also serve as a critical entry point for reaching children affected by, exposed to, or living with HIV and building linkages with caregivers and health clinics. Children affected by HIV and AIDS are at greater risk of developmental disruption than their peers, but there are opportunities to prevent and mitigate these risks.

4Children has been engaged in a process of identifying opportunities for integrating ECD interventions into HIV programming. This began with a two-pronged approach of comprehensive literature review and KII with experts in ECD as well as in OVC, health, and other programs, with priority on programming in clinical settings or within HIV clinical care. The resulting draft document and entry point matrix has shed light on existing practices as well as the challenges and opportunities for meeting the needs of children affected by HIV and AIDS through ECD integrated into clinical services.

**Objective:** To identify and report on interventions aimed at integrating ECD within clinical care settings, based on the information coming from research and expert opinions.

**Accomplishments during the reporting period:** 4Children completed additional literature review and over twenty additional interviews with experts, to help strengthen and prioritize the document's recommendations and better distinguish key entry points, strategies for influencing provider behaviors, and recommended activities, guidance, and job aides for integrating ECD interventions in clinical care settings. A revised version of the ECD paper was completed and submitted to USAID. Through the review and interviews a number of ECD tools and job aides were identified and are currently being vetted for inclusion in a compendium.

**HOP16 Achievements:** Achievements under this activity in relation to the HOP16 annual work plan are as shown below:

Planned Activities	Expected Deliverables	Achievements
Complete consultations with PEPFAR experts and program models (Survive and Thrive Zambia, m2m Malawi, etc.)	Finalized review document and matrix	Consultations were completed. The final version of the literature review and consultations report was submitted to USAID on March 30, 2018.
Finalize the literature review and entry point matrix incorporating above		
Identify useful/adaptable job aides (e.g. ECD stimulation and learning, developmental screening tools, HIV and maternal/mental health, core messages for health care providers, integrating ECD and nutrition in clinical settings).	Set of job aides	Existing job aides were identified and will be added to a resource compendium (Screening and Assessment Tools Compendium); to be completed by June 2018.
Host webinar(s) on key topics	Webinar series	A final webinar is being planned for June 2018.
Agree with USAID on additional outputs	Agreed next steps	Pending final USAID review.

## 9. Mental Health

**Overview:** Mental health continues to be a major concern in resource-poor settings and especially for vulnerable populations. Research demonstrates the negative impact that caregiver mental health can have on children’s emotional, physical, and cognitive development. A growing evidence base also illustrates the impacts of HIV on the mental health of adults and children and demonstrates the need to develop user-friendly, contextually-appropriate resources for health care and social workers. Because such programming resources may exist but not yet be published in peer-reviewed media and, similarly, published studies on promising practices may exist but may not yet be incorporated into programmatic responses, 4Children has been working to document the literature around maternal/caregiver mental health and child-related outcomes and to explore opportunities for improving child well-being by addressing the mental health needs of HIV-positive caregivers, that are evidence-based and/or promising practices still under study.

**Objectives:** 4Children will conduct a literature review and facilitate an expert review on the topic of HIV-positive caregivers’ mental health and its impacts on children.

**Accomplishments during the reporting period:** The literature review, [“HIV and Caregiver Common Mental Disorder: Synergistic Impacts on Child Development and Entry Points for Interventions”](#), was updated in December 2017 by 4Children’s consultant, Mark Tomlinson, based on additional feedback received from USAID and other expert informants. An additional update was completed in March 2018, after a final review by USAID, and it was copy- and design-edited for distribution. This paper summarizes the published literature on the mental health status of mothers living with HIV and how this affects their children; outlines the pathways between maternal HIV, maternal mental health problems, and negative children outcomes; and identifies targeted intervention entry points where mental health may be integrated into HIV and wider areas of programming. An additional, four-page summary document was drafted and will be submitted in early April.

**HOP16 Achievements:** Achievements under this activity in relation to the HOP16 annual work plan are as shown below:

Planned Activities	Expected Deliverables	Achievements
Finalize revisions to the HIV and depression literature review	Literature review	Two additional updates were completed, incorporating USAID and other inputs, and final USAID approval received.
Identify experts for consultation	List of experts	A group of internal and external experts were identified and provided review and inputs to various versions of the review. These reviews were conducted virtually in lieu of an in-person expert consultation.
Organize and hold expert consultation to build on the literature review	Consultation held	
Establish mechanisms for sustained virtual feedback and consultation (such as online chat rooms and forums on various social media platforms)	Consultation platforms established	

Document findings of consultation and incorporate into literature review document	Final document	Document finalized and approved by USAID in March. Summary document also drafted and submitted (April) to USAID for review and approval.
Following expert and online consultations, develop, prioritize, and publish recommendations for intervention points based on the final document, including a possible research activity,	List of recommendations	Final document includes recommendations.
Present recommendations at 2017 OVC Forum and identify potential next steps with USAID colleagues	OVC Forum presentation	N/A (OVC Forum postponed indefinitely). Distribution through OVCsupport and other networks in process.
Design tools and guidance around HIV and caregiver depression and other mental health issues	Set of tools / guidance	Review/evaluation tool for helping implementors to identify opportunities for strengthening mental health activities drafted, to be completed in May.
Pilot tools and guidance	Pilot feedback & final set of tools / guidance	N/A (removed after further discussion with USAID)

## 10. HIV Testing and Services (HTS) Integration into OVC Programming

**Overview:** This core activity reflects PEPFAR and 4Children's ongoing commitment to ensuring that OVC programming improves targeting to address the health needs of the most vulnerable children and adolescents, including those who are HIV-positive. Contributing to the attainment of PEPFAR objectives around increasing the number of children receiving life-saving ART, specifically, requires the implementation of cost-effective and efficient strategies for identifying HIV-infected children through HTS, and ensuring OVC access HIV testing and sustain needed treatment is essential.

**Objectives:** 4Children will a) document and disseminate effective and promising practices adopted by OVC programs to ensure that children and adolescents tested for HIV are linked to and retained in HIV care and treatment; and b) provide technical support for increasing the number of OVC and OVC caregivers identified as HIV-positive and successfully linked to care and treatment.

**Accomplishments during the reporting period:** During this reporting period, 4Children collected assessment tools, job aids, and strategic approaches to strengthen the identification of at-risk children and support their entry into the health system for testing and treatment. This effort began with 4Children buy-ins and CRS' PEPFAR-supported bilateral agreements in Nigeria, Cameroon, Uganda, and Zambia. Information collected included descriptions of approaches in place, reviews of their strengths and challenges, and results where obtainable. 4Children also began collecting and synthesizing the tools, job aids, and assessment algorithms supporting these processes.

4Children also participated in the February 2018 Technical Consultation on Paediatric Case Finding, contributed to the synthesis of meeting recommendations, disseminated the final report, and supported follow-up meetings with buy-in and bilateral agreement partners to review next steps.

This core activity also supported technical assistance to 4Children buy-ins focusing on critical recommendations for OVC programs, including opportunities to strengthen and expand index testing, strength the capacity of community-based social welfare and health providers/volunteers supporting OVC platforms to more efficiently identify and reach at-risk children, and strengthen risk assessment processes in case management practices. Pursuant to additional recommendations focused on creative ideas that could be piloted, 4Children also supported efforts to strengthen OVC program partnerships with faith-based groups to reduce stigma and stigma-related barriers to testing and to promote strategic testing through faith-based events, houses of worship and other faith-based platforms, as well as country program efforts to use other existing community-based platforms supporting child protection, household economic strengthening, and parenting programs to reduce stigma and stigma-related barriers to testing. Technical assistance also supported efforts to strengthen the capacity of health sector service providers to recognize and refer cases of gender-based violence and abuse, and strengthen community-level responses to sexual- and gender-based violence. Additional discussions are being pursued to strengthen efforts to leverage OVC platforms in support of DREAMS, and review lessons learned from efforts to strengthen partnerships between OVC programs and clinical service providers.

4Children's MEAL unit is also actively engaging with 4Children buy-ins and CRS' bilateral OVC programs to more effectively collect and analyze the data available in OVC program client records and databases to refine and strengthen risk assessment and screening criteria.

Over the next 6 months this activity will focus on synthesizing the tools and approaches identified to complete a toolkit supporting OVC program implementers that will strengthen OVC program capacity to efficiently identify well children at risk, and strengthen community-facility linkages to ensure at-risk children receive HIV testing services, and HIV-positive children successfully enroll, and remain in, HIV treatment. This toolkit will support development of a training package to strengthen the HIV literacy and risk screening of community based OVC service providers, and both TDY visits and virtual support for OVC implementing partners.

**HOP16 Achievements:** Achievements under this activity in relation to the HOP16 annual work plan are as shown below:

Planned Activities	Expected Deliverables	Achievements
Key findings related to HTS and specifically the role of the workforce presented at the GSSWA keynote and symposium sessions	Key note address	Key note address presented. Case studies, the HTS barriers literature review, and the review of critical barriers inhibiting OVC utilization of HTS were presented at the GSSWA Symposium
Webinar series on HTS case studies and materials	One webinar per quarter	3 webinars completed
Presentation and HTS material distribution at REPSSI Forum	Key note address; 100 copies of relevant material	100 copies of case studies, the HTS barriers literature review, and the review of critical barriers inhibiting OVC access and utilization of HIV testing and services distributed

Case studies and HTS materials digitally disseminated	Available through network and OVCsupport.org	Case studies, the HTS barriers literature review, and the review of critical barriers inhibiting OVC utilization of HTS posted on OVC Support.org
Collaborate with REPSSI to finalize addresses, sessions, and participants	REPSSI PSS Forum program	REPSSI PSS Forum supported, and participant travel sponsored
Keynote address on role of OVC Programs in increasing access to HTS	Keynote address delivered	Keynote Address delivered
Workshops on adapting programming for different contexts and populations; sustainability and systems strengthening; family resilience; best practices and principles of case management;se conferencing and supportive supervision	5 workshops held	TA and support provided for program workshops in 7 buy-in countries (Malawi, Kenya, DRC, Nigeria, Lesotho, Haiti, Swaziland)
Liaise with USAID missions to determine preferred HTS training approach	TA plans developed for 8 priority countries	Supported only for 4Children buy-ins to date
Develop an HTS webinar to orient Mission staff to the risk screening tool	Webinar held	Not completed
Develop a virtual/in-person training package (blended learning format) to support implementing partners with deploying risk screening on the OVC platform	Training package reviewed and finalized	Pending completion of the toolkit
Develop and refine a toolkit (algorithm, assessment tool, training slides, job aids) to support program implementers	Toolkit reviewed and finalized	Materials, approaches, job aids collected, toolkit being developed
Conduct brief TDY visits to provide in-country trainings and supportive supervision	8 TA Missions completed	TA provided to buy-in implementing partners, separate trainings for OVC IPs in priority countries TBD
Provide rapid response TA to field questions from Implementing Partners (virtual)		Pending completion of the toolkit
Provide Missions and their implementing partners with support for analysis of client-level data, to refine recommended risk cut offs and/or screening items	8 priority OVC programs updated	OVC databases with client level data from buy-in IPs collected and under review

## 11. Adherence Support Model

This activity was included as a placeholder in the HOP16 work plan, but without specific objectives or activities defined. 4Children was later informed by USAID that the activity would not proceed.

## 12. OVCsupport.org

**Overview:** OVCsupport.org is a website which aims to support the effort of improving the lives of children affected by HIV and AIDS through providing the most up-to-date information on HIV and children to the global community, and connecting community and non-governmental organizations (NGOs), policy-makers, donors, and other stakeholders to improve the global response.



**Objectives:** The main objectives for this activity include:

- 1) To maintain the site with high-quality content, sustain user loyalty through monthly newsletters and regular social media posting, and increase exposure of the site through promotion at external, OVC-related events;
- 2) To follow phase two recommendations of the AIDSTAR Two Sustainability Study for transfer of the website to a new entity.

**Accomplishments during the reporting period:** OVCsupport.org expanded the site’s technical content, maintained contact with users, and promoted the work of others through the site.

Specific, quantifiable achievements during the six-month reporting period include:

- 46 new resources were added to the library
- One webinar was conducted, with 60 participants, on [“The Critical Role of OVC Programming in Increasing Access to HIV Testing and Services for Children most at Risk: Lessons from the Field and Implications for Programming”](#)
- Five monthly bulletins were produced
- A total of 6,421 unique individuals accessed the site and there were 13,073 page views
- The number of social media followers increased to 757, while the number of listserv subscribers dropped very slightly, to 2,126

4Children identified three potential transition partners for OVCsupport.org—the OVC Task Force, Pact, and CRS—and decided to transition site maintenance to CRS during the next work plan cycle. Standard operating procedures for the website have been completed, and website operating costs will transition to CRS by October 1, 2018.

**HOP16 Achievements:** Achievements under this activity in relation to the HOP16 annual work plan are as shown below:

Planned Activities	Expected Deliverables	Achievements
Source new content and provide regular updates to the site, social media, and monthly newsletter communication	New website content (60 resources per year) Maintained number of subscribers (2,250) Increased number of site users (8,500) Increased number of page views (23,000)	102 new resources were added  2,126 Listserv subscribers (baseline 2,172)  Unique site users surpassed target with 11,664  Page views surpassed target with 24,811
Coordinate with other USG-supported projects and with OVC Task Force to promote events, post presentations, etc.	Inclusion of announcements from peer organizations and projects, as requested	This activity is as-needed and ongoing. Illustrative activity in this period includes posting of the OVC Task Force webinar with USAID speakers on MER2.0
Deliver quarterly online learning events	Quarterly webinars (4)	2 webinars held; one planned webinar for this period was postponed due to speaker conflict

Promote site's resources and connect users through monthly bulletins	Monthly newsletters (12)	11 newsletters complete
Promote site at OVC-related events—GSSWA symposium, REPSSI Forum	Promotional materials and postcards distributed at events	Materials distributed at events in May and September 2017
Update handover SOPs for website	SOPs complete	SOPs for Budget, Content Management System, and Posting workflow are complete
Meeting with transition partner for personal training/handover		Hosting costs will transition to CRS; HR management remains unchanged, so no training/handover is needed

### 13. Piloting Social Service System Strengthening Indicators

**Overview:** To ensure the sustainability and ownership of its support for initiatives to mitigate the impact of HIV and AIDS on OVC, PEPFAR has also supported efforts to strengthen the social service system in HIV-affected countries. Although PEPFAR OVC programming is concerned primarily with the welfare and protection of HIV-affected children and improving the capacity of their families to ensure their welfare and protection, it is hoped that investments in a country's social service system will benefit all vulnerable children and other vulnerable populations in a given country. MEASURE Evaluation has developed the Social Service Systems Strengthening Monitoring and Evaluation Framework as a tool to assist in measuring the results of efforts to strengthen social service systems. 4Children is working with MEASURE to supplement this Framework with additional indicators linked to the key components of well-functioning social service systems, as outlined in the 2012 PEPFAR Guidance for OVC programming: strong leadership and governance, a well-performing workforce, adequate financing, effective information management and accountability systems, effective coordination and networking mechanisms, and good service models and delivery mechanisms.

In previous work plan periods, 4Children had facilitated a technical review of a set of social systems strengthening indicators developed by MEASURE Evaluation, and subsequently constituted a team of technical experts to develop a draft list of additional, output and impact indicators. 4Children sought wide feedback and vetting of these indicators from an expert panel, comprised of child protection/social protection experts from academia and implementing agencies, as well as from OHA, to provide three phases of review, each phase addressing an increasingly more refined review of the indicators.

**Objective:** 4Children will work with MEASURE Evaluation (with MEASURE serving as Technical Advisor) and other experts in the field of government-provided or government-monitored social services to develop a series of output (service) and impact indicators; these will be a supplement to the MEASURE Evaluation Social Service System Strengthening Monitoring and Evaluation Framework.

**Accomplishments during the reporting period:** Several meetings were held with the expert panel, the result of which was a final list of 22 indicators, which were shared and reviewed by USAID in February 2018. Indicator reference sheets were also developed and shared with USAID. Further discussions with USAID about the scope of the activity going forward concluded with a decision that the final deliverables will be the indicator reference sheets and a final report. In addition, the

field testing of indicators will not be covered under 4Children, and the activity will close at the end of June.

**HOP16 Achievements:** Achievements under this activity in relation to the HOP16 annual work plan are as shown below:

Planned Activities	Expected Deliverables	Achievements
Expert Panel meetings	Final list of indicators	Indicators first shared with expert panel for review in April 2017. Indicators were finalized with the expert panel in November 2017, updated based on feedback from the meeting and then shared with USAID for review.
Draft Indicator Reference Sheets	Draft indicator reference sheets	The indicator reference sheets were developed after the list of indicators was agreed upon by the Expert Panel and shared with USAID. The first draft of the indicator reference sheets was developed in March 2018.
Develop validation SOW, conduct field validation, incorporate feedback from validation	Validation report	Indicators were finalized in January 2018 but field validation will not occur.
Finalize indicator guidance		Indicator guidance to be finalized by June 2018 (without field validation)

## 14. Special Initiative Zimbabwe

**Overview:** World Education/Bantwana Initiative (WEI/B)'s E-IMPACT program is aimed at increasing pediatric AIDS treatment coverage, notably by helping to ensure that children born to HIV-positive mothers receive testing within two months, and that those who test positive are placed on treatment promptly. E-IMPACT trains community health workers (CHWs) to mobilize and educate communities about pediatric ART and how to access treatment. CHWs reach out to women through home visits, PMTCT support groups, local community centers, and Internal Savings and Lending (ISALs) groups, which layer healthy parenting education onto financial literacy and savings skills. E-IMPACT is currently testing and linking HIV-positive children to ART across 17 districts in Zimbabwe, reaching over 100,000 children a year. WEI/B, working with the Centre for Sexual Health, HIV and AIDS Research (CeSHHAR), a local Zimbabwean firm as the lead evaluator, University College London (UCL), the London School of Hygiene and Tropical Medicine, and the Liverpool School of Tropical Medicine is leading a two-year Child Health Interventions for Development Outcomes (CHIDO) Randomized Controlled Trial (RCT) to evaluate the impact of its comprehensive, community-based, multi-component intervention on early childhood development, household economic resilience, adherence to treatment, and retention in care and treatment. The intervention package includes early childhood stimulation (ECS) parenting skills, home visits/case management, and economic strengthening activities for caregivers to afford treatment and transportation costs. It is anticipated that the results of the CHIDO RCT will contribute to global understanding of the impact of a package of integrated services on a variety of childhood well-being outcomes, including both improved adherence as well as child development. The trial also seeks to evaluate the effects these interventions have on maternal clinical outcomes including mental health.

**Objectives:** 4Children is providing financial support to WEI/B to ensure that the CHIDO RCT is completed and that results are disseminated, as this research was previously funded through a bilateral cooperative agreement that came to an end. 4Children is also supporting WEI/B to develop and pilot a Child Development Monitoring Tool which can be used by CHWs.

**Accomplishments during the reporting period:** Achievements during the reporting period on the two results areas under this activity are as described below. At the time of preparing the HOP16 annual work plan, specific objectives and expected deliverables had not yet been defined.

*Development of a Child Development Monitoring Tool for CHWs* - In October 2017, WEI/Bantwana, CeSHHAR, and UCL began to adapt the Mullen Scales of Early Learning for measuring child development outcomes. By December, the team had drafted a 28-item short form of the Mullen Scales compared to the original 159-item Mullen Scales. Unfortunately, the team could not proceed and test the shorter tool, due to copyright and other issues, including that use of the Mullen Scales would have required the purchase of recording forms that would make scale-up by the Zimbabwe government impossible due to high costs. In January, following this setback, the team re-grouped and decided to test locally-available tools which are freely available to the public. The team analyzed the available tools and selected three—the WHO Ten Question Screen for childhood disability, the Malawi Development Assessment Tool, and the Developmental Milestone Checklist (DMC III); the team then sought and received ethical clearance from the Medical Research Council of Zimbabwe to test these child development assessment tools. The team translated the tools to Shona, trained 23 trainers on their use, and subsequently conducted cascade training in February for 30 CHWs who will be testing the tools in the community next quarter under the supervision of WEI/B and CeSHHAR.

*CHIDO RCT data collection and analysis* - Quantitative data collection under the CHIDO RCT was completed in January 2018 with over 90% follow-up coverage rate. Statistical data analysis has begun and preliminary results are expected in April 2018 in time for submission of additional tie-breaker abstracts for the July 2018 International AIDS Conference to be held in Amsterdam. These abstracts are in addition to five abstracts (2 CeSHHAR and 3 WEI/B) submitted under the early registration platform in January 2018.

## 15. Endline Evaluation of the SPSSSE Program

**Overview:** In October 2013, USAID Ethiopia awarded a cooperative agreement to the Ethiopian Society of Sociologists, Social Workers and Anthropologists (ESSWA) for the Strengthening Public Sector Social Services System in Ethiopia (SPSSSE) project. The strategic objective of the project was to improve the social service system in Ethiopia with primary focus on strengthening the social service delivery system and workforce in four Regional States and two City Administrations, enabling them to effectively deliver quality and sustainable social services, with special emphasis on children that are affected and/or living with HIV and AIDS.

4Children conducted an evaluation of results after the project's completion, focusing on the relevance, sustainability, and effectiveness of the project. The evaluation also examined the project's contribution to enhancing the capacity of local and community-based structures to meet, in a sustainable manner, the needs of highly vulnerable children and their families. In addition, the capacity of training centers, development of graduates, and outcomes attributed to

the services provided by deployed social service workers was also assessed. The evaluation aimed to allow USAID/ Ethiopia and ESSWA to determine how investing in the strengthening of the social service workforce has impacted the way highly vulnerable children are served, with emphasis on the government response.

**Objectives:** To conduct an endline evaluation to help determine the contribution of the SPSSSE project to ensuring local capacity development and sustainability of social services towards reducing vulnerability and increasing resiliency among vulnerable children and their families in the targeted areas.

**Accomplishments during the reporting period:** 4Children completed the evaluation and delivered an out-briefing presentation to USAID/Ethiopia in FY17, along with the final draft report. Comments have not yet been received.

**HOP16 Achievements:** Achievements under this activity in relation to the HOP16 annual work plan are as shown below:

Planned Activities	Expected Deliverables	Achievements
Desk review, scheduling and logistics, draft questions, data analysis plan, suggested list of interviewees, finalized questions for the survey	Evaluation protocol	Protocol completed
In-briefing with ESSWA and USAID	Presentation	Presentation completed
Interviews in Addis Ababa	Dataset	Data collected
Interviews in Amhara, Oromia and SNPR	Dataset	Data collected
Presentation of initial key findings to inform the PD	Presentation	Presentation completed
Ongoing data analysis, preliminary report and presentation preparation	Draft Evaluation Report	Report completed
Feedback from USAID and ESSWA on draft report	Stakeholder comments	Not yet received
Final report and exit presentation to ESSWA and USAID	Final Report	Waiting for stakeholder feedback
Draft of technical brief presented to ESSWA and USAID for review	Draft Technical Brief	Waiting for stakeholder feedback
Incorporate USAID and ESSWA feedback and finalize technical brief	Final Technical Brief	Waiting for stakeholder feedback

## 16. 2017 PEPFAR Orphans and Vulnerable Children Forum

The PEPFAR OVC Forum was not scheduled during the reporting period; this activity is thus on hold. Minor expenses related to identification of the venue and other logistics were incurred prior to the activity being cancelled.

### III. Summary of Progress on Country Buy-In Activities

During the reporting period, 4Children was implementing buy-in activities in 12 countries.<sup>2</sup> Detailed, country-specific quarterly or semi-annual progress reports have been submitted by 4Children to the respective USAID Missions in the following countries: DRC, Haiti, Kenya, Lesotho, Malawi, Mozambique, Namibia<sup>3</sup>, Nigeria, South Sudan, Swaziland, and Uganda. Summaries of those reports, along with summaries of other country-focused activities and achievements, including the Keeping Children in Healthy and Protective Families (KCHPF) activity, funded by DCOF, are found below.

#### Botswana

**Overview:** PEPFAR has been in Botswana since 2003 providing assistance to the Government to respond to the challenges of HIV and AIDS, including supporting programs that respond to the needs of OVC. USAID requested 4Children to conduct two assessments, including a national Situational Analysis on OVC and an Essential Indicators survey linked to the OVC program supported by USAID in PEPFAR priority districts. During FY17, 4Children worked with USAID, PCI, and a local research organization, ACHAP (African Comprehensive HIV/AIDS Partnerships), to complete the baseline OVC Essential Survey Indicators data collection and analysis. A final draft report was submitted to USAID for review and approval. 4Children also prepared and received approval for the Situation Analysis study protocol, data collection instruments, and inception report; identified a local research partner, 5AM Holdings Pty. Ltd.; trained field teams; completed a pilot test; and began data collection.

**Objectives:** The objectives of the Botswana buy-in are: 1) to carry out a first-round (baseline) collection of the PEPFAR monitoring, evaluation, and reporting (MER) essential survey indicators for OVC under the Botswana Comprehensive Care and Support for Orphans and Vulnerable Children project implemented by PCI in seven priority PEPFAR districts of Botswana; and 2) to assist USAID/Botswana and the government of Botswana, through the Ministry of Local Government and Rural Development, Department of Social Protection (DSP), to carry out a second national situation analysis on OVC in order to assess the effectiveness and impact of current programming and inform planning for ongoing efforts to meet the needs of OVC, including adolescent OVC, and their families.

#### Accomplishments during the reporting period:

- 1) Essential Survey Indicators baseline – The study report was updated and finalized to incorporate comments from USAID. After USAID approval, the report was shared with PCI to facilitate submission of DATIM data entry, and with the Health Research and Development Division (HRDD) of the Ministry of Health and Wellness, as per local research approval requirements. The final dataset (de-identified) was submitted to the USAID datahub repository and to USAID/Botswana.
- 2) National Situation Analysis on OVC – The National Situation Analysis on OVC consists of two main components: i) a nationally-representative survey of households with children between the ages of 0 and 17 years, and ii) qualitative research, also conducted nationally, focusing on key

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<sup>2</sup> In two countries – Lesotho and Uganda – 4Children is implementing two activities funded under two separate SOWs.

<sup>3</sup> Final project report

issues and populations of particular interest to MLGRD-DSP (e.g. children living outside family settings, adolescent OVC, psychosocial support services, and the social welfare workforce's role in provision of services to OVC). Primary data collection took place between September and November 2017. Over 130 KII and 80 FGDs were conducted by a research team including 4Children and local consultants, in all ten rural districts plus six urban districts. A household survey was carried out under the leadership of 5AM, reaching approximately 5,000 respondents in some 2,000 households across the country. At the end of the reporting period, data analysis was ongoing and a draft report being prepared.

## Democratic Republic of Congo (DRC)

**Overview:** In the DRC, 4Children is implementing a program which includes both the delivery of OVC services in selected health zones of Kinshasa, as well as provision of targeted technical assistance to improve the capacity of the Ministry of Social Affairs (MINAS) to fulfill the implementation of their mandates and ensure a functioning social welfare system that is HIV- and child-sensitive. The OVC service delivery in Kinshasa includes a focus on ensuring the continuum of care for OVC families through comprehensive case management; strengthening bi-directional referral systems for OVC and their caregivers to ensure access to needed health, education, protection, and other services; strengthening caregivers' abilities to provide a nurturing and protective environment through parenting training and support based on the Sinovuyo Caring Families and Teens programs as well as through the integration of ECD activities at clinic and community levels; and improving financial status through the enrolment of caregivers in SILC groups and/or through cash transfers to the most vulnerable households. On the MINAS national capacity strengthening side, 4Children is providing technical assistance and mentoring to key MINAS national offices, including the Secretary General's (SG) Office, the Divisions for Child Protection (DISPE) and for Planning (DEP), and the National Social Workers Training Institute (INTS), to strengthen MINAS' internal and external collaboration and coordination and build effective technical, leadership, and communication capacity for improved social welfare.

**Objective:** The overall goal of the 4Children intervention is to strengthen an HIV/AIDS-sensitive social welfare system to provide a vital safety net for children and families made vulnerable by HIV and other adversities, to ensure their health, education, and protection.

**Accomplishments during the reporting period:** During the first half of FY18, 4Children has made significant progress in advancing the project's two overall goals of contributing to improved health and wellbeing of vulnerable children in selected health zones of Kinshasa, and increasing MINAS' technical and operational capacity to strengthen HIV- sensitive child protection and welfare systems in the DRC.

At the end of FY17 and into the first quarter of FY18, 4Children worked with USAID and PEPFAR in the DRC to transition four 4Children health zones to other PEPFAR IPs, while assuming responsibility for one new health zone. This transition process was largely complete by December 2017, with a strong project focus especially during the first quarter of FY18 on ensuring that all project actors and stakeholders understood the project's key objectives, revised targets, implementation and monitoring tools, and strategies to ensure high quality service delivery and alignment with PEPFAR priorities and requirements. A total of 5,272 project beneficiaries were reassessed and graduated, as part of the transition process.



In the four target health zones of Kinshasa (Bandalungwa, Kikimi, Kingasani, and Masina 2), 4Children (through its sub-partner, RNOAC) provided a comprehensive package of support to children affected by HIV and other adversities and their families, including in the areas of household economic strengthening, ECD, parenting, and access to health and education services. These complementary activities are linked by a comprehensive case management approach that supports targeted OVC households to achieve case plans specific to their individual needs.

From January to March, case workers intensified home visits to update and support the implementation of household case plan, monitor services and needs, make necessary referrals, and strengthen the partnership between the case worker and the caregiver. These home visits helped to synthesize key actions to implement within the household, with the main goal of achieving the benchmarks for case plan achievement.

During the first half of FY18, the project reached a total of 6,849 beneficiaries (including 4,906 OVC), out of a total FY18 target of 8,251 (7,050 OVC)<sup>4</sup>. The project has continued to emphasize enrolling caregivers identified through care and treatment centers and PLHIV self-support groups. To improve direct linkages to HIV services for beneficiaries, the 4Children team has also increased HIV case finding through the implementation of routine and systematic referrals of at-risk children and adolescents, identified through household screening, to HIV testing and counseling (HTC) and treatment services. During this reporting period, 161 OVC were referred for HIV testing and services. In addition, 261 OVC benefited from primary health care referrals, while 786 OVC received nutritional assessment and counselling (NACS) services.

Quarterly case conferencing sessions were held in each of the four health zones, co-led by the Medecin Chef (or other health zone representative) and the DUAC, with 4Children and RNOAC support. The meetings serve to bring together all the key actors involved in case management in each health zone to share successes, discuss challenges, and make recommendations for improving the quality of services provided to beneficiaries through case management. Key strengths of this approach include active involvement of all stakeholders in finding solutions to critical cases, and strengthening of links between stakeholders working for the protection of OVC in the health zones.

4Children has also made progress in ensuring that OVC are in stable and safe families through its HES efforts and support for improved parenting practices. During the first six months of FY18, a total of 33 groups (16 child-focused groups and 17 teen-age groups) were participating in the positive parenting activity, providing them with participatory learning and coaching on positive discipline techniques, improved communication with their children, and self-care strategies to reduce stress and the risk of abuse and improve the well-being of children and their caregivers. In total, 462 caregivers with 1,507 children/adolescents, were reached, including 213 parents/caregivers, with a total of 647 teenagers and children, who completed the Sinovuyo-based program in December. An evaluation among these latter participants revealed that 85% of respondents demonstrated improved knowledge, while 55% reported using positive parenting practices.

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<sup>4</sup> USAID informed 4Children that its activities will close at the end of FY18 instead of FY19 as originally planned; this unexpected change may affect the project's ability to enroll and reach the number of beneficiaries targeted for FY18 prior to receiving this news.

SILC activities have continued, with 916 caregivers (with 2,638 OVC) participating, in 61 groups. and children benefiting. At the end of the reporting period, SILC groups had a combined savings of \$2,378, with approximately \$944 distributed in loans. In addition, 4Children initiated a cash transfer activity for households identified through detailed assessments as being most vulnerable. A total of 188 most vulnerable households were identified, of which 148 received cash transfers this reporting period. Sensitization sessions were held to build the capacity of case managers to support families receiving cash transfer to progressively reduce their economic and other vulnerabilities. The sessions focused on encouraging the enrolment of households in SILC groups. The cash transfer is not conditional; however, the project advised recipient households to invest the money received through savings in a SILC group. By the end of March, out of 148 cash transfer beneficiaries, 92 are participating in SILC.

4Children provided educational and vocational training support to 1,468 children, including 882 girls and 586 boys, in the four health zones. The project monitored the progress of those receiving support through school visits, to help promote good attendance and effective progression. Promotion of ECD activities at home continued through home visits, reaching over 700 caregivers with young children. In addition, integrated ECD activities were initiated at three health facilities, where 4Children established play spaces at clinics that monitor pediatric growth. The project renovated and equipped the spaces, trained ECD facilitators, and provided job aids to support maximizing parent/caregiver and child engagement in these spaces.

In addition to the service delivery activities in Kinshasa, 4Children continued to strengthen national level capacity for HIV-sensitive child protection and welfare, including support for the DISPE, DEP, and Secretary General's (SG) office to improve their internal and external leadership and overall governance. Several key achievements were realized during this reporting period. For example, the two HIV/child protection linkages courses previously developed by the MINAS and the INTS with support from 4Children were officially launched as mandated classes within the national social work curriculum: [one course for para-social workers](#) and [one course on responding to children living on the streets](#). A total of 57 students completed the [year one course](#), and 31 students were taking the [year two course](#) as of the end of the reporting period. A key advocacy effort facilitated through the monthly coordination meetings led by MINAS' DISPE resulted in an amendment to the 2009 Child Protection Law related to consent, which (when enacted) will greatly facilitate access by adolescents to HIV testing and treatment services.

The DISPE and the DEP both developed 2018 Action Plans to guide and coordinate the Division activities in 2018, as well as to serve as an advocacy platform for future technical and financial partner support. Quarterly Technical Coordination Group of Vulnerable Children meetings were held, along with first-of-their-kind meetings with HIV/child protection stakeholders from all 22 Directions of MINAS, and with the HIV focal points from various government ministries. 4Children supported the INTS by facilitating the Optimizing Performance and Quality (OPQ) process resulting in their development of an Action Plan. As a key institutional step towards promoting longer term efficiency by the DEP, 4Children completed non-structural renovations to the new DEP building. The DEP is currently operating out of the building, which is located in a safe, secure and central location to better serve coordination with partners.

## Haiti

**Overview:** 4Children Haiti will rapidly scale up a targeted, effective package of HIV prevention services to the most vulnerable adolescent girls and young women in high HIV prevalence areas by ensuring their access to the comprehensive package of DREAMS-like services: social asset building, social protection, parenting/ caregiver support, HIV and violence prevention education, referrals to youth-friendly health services and HIV prevention, community mobilization and norms change. In addition, the project will also support a wider response through its focus on case management and referrals, a continuum of violence prevention and response services for all vulnerable children, and expanded household economic strengthening services. 4Children will invest in sustainability by strengthening the capacity of government and civil society to coordinate, deliver, and monitor OVC and adolescent girls' HIV prevention services independent of external support.

**Objectives:** The goal of 4Children's project in Haiti is to reduce the risk of HIV infection among at-risk adolescent girls in four priority arrondissements (Port-au-Prince, Cap-Haitien, Saint-Marc, and Marchand Dessalines) and improve well-being of OVC across the OVC portfolio in Haiti. This will be achieved through two strategic objectives:

*Strategic Objective 1:* Adolescent girls and young women at risk of acquiring HIV infection have increased access to comprehensive, evidence-based, age-appropriate services in accordance with DREAMS guidance and standards in four DREAMS target arrondissements.

*Strategic Objective 2:* OVC partners have increased capacity to provide quality OVC services, including case management, VAC prevention and response, and HES.

**Accomplishments during the reporting period:** Initial startup activities started in-country in October 2017, with authorization from USAID; the entire project received formal approval from USAID in November 2017. During the reporting period, 4Children Haiti successfully laid the ground work for enrollment of girls into the DREAMS program. This includes:

- *Project startup:* 4Children Haiti built a project team, established partners, and finalized project technical assistance, MEAL, and implementation plans. Throughout the period, the project has worked to recruit and onboard project staff; by the end of March 2018, the project had successfully filled seven out of eight team positions. The project finalized agreements with Maestral International, Plan, and Clowns without Borders South Africa (CWBSA), to provide specific technical assistance to the project. The project also selected its local partners through a competitive public procurement process, resulting in the selection of AVSI and FOSREF. 4Children hosted a Kick-off Workshop in November to onboard 4Children Haiti partners, discuss youth development principles, and collectively develop the detailed implementation plan. In addition, the SMILER workshop was held in January to finalize the project's MEAL plan along with a suite of MEAL tools, including the M&E plan, a revised results framework, and the indicator performance tracking table.
- *Mentor Identification and Training:* This period, Plan led the development of an initial mentor training module aimed at building the "soft skills" for facilitating DREAMS Hubs and serving as a capable mentor to girls. The curriculum will be augmented in the next quarter with additional content from CARIS. Simultaneously, AVSI and FOSREF worked to identify young women coming from the same neighborhoods as the girls to be served by the 4Children

project who have the potential to serve as mentors. The project held a five-day mentor supervisor training for 28 participants in February as well as a series of four, week-long mentor trainings for 96 mentors in Port au Prince, Artibonite, and Cap Haitian in March and April. These trainings provided an opportunity for the project to assess the abilities of the potential mentors, including their facilitation skills, attitude, and leadership aptitude. Of the 96 mentors trained, 44 were deemed ready to start immediately in the role of mentor. Others were recognized as needing additional follow-up training or identified to play complementary roles in the delivery of DREAMS Hubs.

- Parenting Curriculum Development and Training:* In addition, the project collaborated with CWBSA on adapting their existing Parenting for Lifelong Health adolescent curriculum to the Haitian and project context. This curriculum has been translated to Kreyol and renamed *Koze Ado Ak Paran pou Lavni (KAP pou Lavni)*, which is Haitian Creole for “dialogue between adolescents and parents for the future”. Trainers from CWBSA traveled to Haiti to conduct a series of three, week-long parenting facilitator trainings for 70 4Children parenting facilitators in Port au Prince (included Cap Haitian participants) and Artibonite, in March and April. Parenting facilitator training included both 4Children Haiti project-specific actors as well as participants from 17 participants from non-4Children DREAMS IPs. In doing so, 4Children aims to encourage referrals to the DREAMS Hubs for this activity by the DREAMS IPs as well as promote the provision of quality parenting program delivery. In addition, the project held a three-day training for 14 Parenting Facilitator Coaches in March, who will be responsible for on-going monitoring and support to the facilitators and help to strengthening their presentation skills, and work through challenges that arise during delivery.
- Harmonization of DREAMS Enrollment process:* 4Children Haiti has played an integral role in this process by leading the coordination of DREAMS IPs through monthly IP meetings and collaboration on the enrollment process. During these meetings the project solicited feedback on the enrollment form as well as coordinated a process for field testing amongst various IPs. Feedback on the wording of questions, complexity of the skip-patterns, the scoring, and time needed to conduct interviews was provided to USAID for approval and finalization of the form.
- Identification of DREAMS Hubs sites:* 4Children Haiti partners have been working to identify potential sites for DREAMS Hubs, including looking at sites where they have an established presence as well as additional areas needing coverage. To date the project has identified 40 sites in Port-au-Prince (24), Cap Haitian (7), Saint Marc (5), and Marchand Dessalines (4). The project has experienced some delays in identification in some sites in part due to security concerns in some areas, as well as a delay in project start-up in Marchand Dessalines. The targets are fully expected to be achieved in the following two quarters.
- Preliminary assessment of referral systems of DREAMS IPs:* With technical assistance from 4Children Senior Technical Advisor, 4Children Haiti engaged local service delivery actors in February and March to learn about the referral systems currently in place among available services. From these meetings, the project learned referral and case management practices vary from one organization to another; no counter referral system was found; and that no focal person in charge of the referral system, nor an individual responsible for the case management was appointed. The goal was to determine the current state of the referral

system to determine how the 4Children can help to strengthen such a system through its work in the future.

- **GBV Centers of Excellence:** 4Children will support the strengthening of Centers of Excellence for the response to GBV and violence against children (VAC) within partner health facilities in each of the four target districts. On January 3rd, 2018, a one-day design session was held at the 4Children office with identified Center of Excellence site representatives to outline the work plan, budgets, and the CRS partnership process for establishing the GBV Centers of Excellence. In March, 4Children developed and shared the Center of Excellence proposal and budget templates on the basis of the decisions taken with partners at the design session. Two of the four proposals have already been submitted and are under technical review.

## Kenya

**Overview:** The focus of the 4Children project in Kenya is to strengthen the capacity of caregivers, local implementing partners, and county government actors to provide services in a coordinated, sustained, and data-informed manner that improves outcomes for OVC. 4Children Kenya provides technical assistance to the *Nilinde* project, led by Plan International, and the Comprehensive Assistance, Support and Empowerment of OVC (CASE OVC) project, led by Christian Aid. These projects will in turn work closely with their local implementing partners to roll out the skills, tools, and approaches introduced by 4Children. In addition, 4Children Kenya continues to support the six County Transition Teams that were formed last year in response to the PEPFAR pivot, based in the Northern Arid Lands region.

**Objectives:** The primary goal of the 4Children Kenya project is to increase the capacity of the Government of Kenya, implementing partners, and other civil society organizations to plan for, coordinate, and deliver sustainable services that promote case plan achievement for OVC and their families. The project's strategic objectives include:

1. Implementing partners have strengthened capacity to provide, refer, and promote access to and utilization of services that support case plan achievement and long-term sustainability of targeted services for vulnerable children.
2. The Government of Kenya Department of Children Services has improved capacity to strengthen the coordination and sustainability of the child protection and welfare systems.
3. Key county-level actors in sustained commodity counties have increased capacity to coordinate, advocate and provide services to vulnerable children and their families.

**Accomplishments during the reporting period:** The 4Children Kenya project established strong working relationships with the CASE OVC and *Nilinde* projects by orienting key staff from the two projects on 4Children's scope of work, objectives, and key activities and developing customized workplans with each partner to facilitate implementation of joint activities. One of the main activities that the 4Children Kenya project carried out this reporting period was the validation, contextualization, and roll out of a case management package including standard operating procedures, tools and job aids. 4Children Kenya provided training for 78 *Nilinde* staff and service delivery partners and 76 CASE OVC local implementing partner staff, who in turn have trained more than 700 Community Health Volunteers on the case management approach. Thus far Community Health Volunteers have conducted assessments with 7,150 households and developed case plans to work toward each household's goals.

To further support case management efforts in Kenya, 4Children convened two meetings with 19 OVC implementing partner staff including Chiefs of Party and technical staff responsible for case management processes from the seven PEPFAR-funded OVC implementing partners active in Kenya (*Nilinde*, CASE OVC, MWENDO, WEZESHA, ICOP, AMPATHPlus, and LEA TOTO) to develop standardized case plan achievement benchmarks that will be used nationally. Following these meetings, 17 minimum benchmarks across the healthy, safe, stable, and schooled domains were adopted by all OVC projects operating in Kenya and will be used to determine when a household is resilient enough to exit programming.

During the reporting period the project also continued to provide mentorship and supportive supervision to County Transition Teams in Wajir, Mandera, Garissa, Tana River, Marsabit, and Isiolo counties to increase their capacity to finalize the transition of 6,487 OVC who were targeted for transfer to other service providers for continued service provision. Thus far 1,282 OVC have been successfully linked to other programs and are receiving services. 4Children continues to conduct bi-monthly meetings with the County Transition Teams to review the pending caseload, establish resource mobilization structures for OVC support, and identify additional service providers that can support the transfer cases. As a result of the advocacy efforts carried out by the County Transition Teams, the following results have been achieved: in Wajir and Mandera, 390 OVC have been enrolled in the Hunger Safety Net Program; in Tana River, the county government has pledged to support 66 OVC with secondary school fees; and in Wajir, 102 households were reached with 144 bags of porridge flour, 48 cartons of oil, and 76 bundles of salt during the emergency food distribution by the county government.

4Children Kenya also supported the County Transition Teams to participate in the 2018-2022 County Integrated Development Plan (CIDP) process. Working with the Directors of Social Services and Department of Children Service officials in the seven counties, 4Children Kenya mobilized other child services actors to deliberate on child welfare priorities and advocate for increased budget allocations in the CIDP process. As a result, there was an estimated increase of 553% in the counties' budget allocation for child protection and welfare.

## Lesotho – DREAMS

**Overview:** The Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS) Partnership is an initiative to reduce new HIV infections in adolescent girls and young women (AGYW) in 10 sub-Saharan countries, including Lesotho. In Lesotho, where HIV prevalence among AGYW is up to four times higher than among their male peers, efforts to control the HIV epidemic depend on controlling HIV in this population. The DREAMS project in Lesotho has been designed to include a comprehensive package of services targeting the most at-risk AGYW (between the ages of 10-24), as well as their families, their sexual partners, and the broader community. DREAMS is implemented in 12 community councils of the two districts of Maseru and Berea, where HIV prevalence among female adolescents and youth aged 15-24 years is the highest in the country. The project partners with Caritas Lesotho, and also works closely with other implementing partners (IPs) to support other key activities such as violence prevention, community mobilization for empowerment of adolescent girls, and active community engagement in norms change. 4Children implemented a first phase of the DREAMS project between October 2015 and September 2017, and began a second phase beginning with the current reporting period.



**Objectives:** The overall goal of the project is to reduce the incidence of HIV by 40% among AGYW in Maseru and Berea districts. 4Children's DREAMS activities contribute to empowering and reducing the risk of HIV for AGYW through social asset building, including support for AGYW savings and lending groups; life skills education; and opportunities to participate in community service activities or social enterprise projects. Additionally, 4Children is working to strengthen families through combination socio-economic approaches meant to help reduce economic vulnerability, primarily through access to savings and credit. An operational research component is included to understand the impact of interventions on the vulnerability of AGYW to acquiring HIV.

**Accomplishments during the reporting period:** In FY18, the 4Children DREAMS project's primary focus is on empowering and reducing the risk of AGYW. During the reporting period, the project reached a total of 16,032 AGYW, which is 140% of the overall annual target for FY18. Of these, 9,864 (86% of the FY18 target) are new beneficiaries whilst 6,168 are previously reported beneficiaries reached with additional activities (both social asset and socio-economic strengthening activities) as part of layering of services.

In the area of empowering AGYW, the following activities were carried out:

- A total of 10,203 AGYW participated in the project's life skills interventions, which constitutes 178% of overall project target for these services. These interventions included a combination of age-appropriate and gender-sensitive life skills education and psychosocial skills building. The project uses Aflateen/toun as an effective means in which all AGYW participate despite various vulnerabilities.
- The Digital Hub at National University of Lesotho (NUL) Roma is fully operating and managed by a young, female information technology graduate who had an opportunity to attend the internship program under DREAMS. Eleven young women from NUL are enrolled in the Microsoft Master Build certificates activity, and 316 were trained on computer literacy through the digital hub.
- One of the gaps in DREAMS Phase I was that some of the curricula lacked a strong emphasis on HIV messaging. In order to address this issue, the 4Children DREAMS project designed an [HIV training manual](#) to equip DREAMS leaders to incorporate age-appropriate HIV messaging in all of their sessions and encourage voluntary disclosure. The 4Children DREAMS project staff, IP staff, 28 Field Supervisors, and 126 DL were trained on the training manual.
- 680 SILC groups for AGYW were established, compared to the overall project target of 700 (97%). To date, 9,385 AGYW have been reached by SILC interventions (164% of the target of 5,730 AGYW). Of this number, 3,553 AGYW are in groups that have already started saving. To date, 186 SILC groups have saved approximately M43, 321.50 (\$3,610.10 USD).
- 16,032 beneficiaries were trained on financial education, including establishing SMART (Specific Measurable, Achievable, Realistic, and Time bound) financial goals.

## Lesotho – OVC

**Overview:** In August 2017, USAID/ Lesotho approached 4Children Lesotho to become the implementing partner for the OVC portfolio previously implemented under the Applying Science to Strengthen and Improve Systems (ASSIST) project, which was managed by the University Research Co., LLC (URC) since October 2015. This project was focused on engaging and building the capacity of national and local social service structures to improve care for OVC in the areas of



case management, referrals and linkages, and the coordination of care between government and service delivery partners. In assuming leadership of this activity, 4Children has continued with this mandate, drawing upon 4Children's global and in-country expertise and in close coordination with its work on the DREAMS project. 4Children is focusing on providing core and near-core interventions for the most vulnerable children and adolescent girls, building their resilience and that of their households to prevent HIV infections, identifying children living with HIV (CLHIV) and linking them to care and treatment and necessary protection and socio-economic services. With its global expertise in family-centered case management and effective clinic-community linkages, 4Children is working to improve the care provided to OVC and to enhance the capacity of community structures to provide this care. 4Children is collaborating closely with other USG initiatives, PEPFAR care and treatment partners, and the Government of Lesotho (GoL), particularly the Ministry of Health (MoH) and the Ministry of Social Development (MoSD). To ensure continuity in the field, 4Children has continued working in partnership with five implementing partners that worked under the URC ASSIST project, namely: Society for Women and AIDS in Africa Lesotho (SWAALES), Lesotho Inter Religious AIDS Consortium (LIRAC), Sentebale, Pelisanang Bophelong (PB), and Center for Impacting Lives (CIL). 4Children has targeted 48,647 OVC and their families in 46 community councils of five districts (Maseru, Berea, Mafeteng, Leribe, and Mohale's Hoek) where HIV prevalence is highest in the country.

**Objectives:** The 4Children OVC project is a one-year program to be implemented from October 2017 to September 2018. The broad goal is that OVC have improved quality of life. To accomplish its goal, the project will collaborate with other stakeholders at national, district, council and community levels in pursuing the following Strategic Objective and Intermediate Results:

Strategic Objective: OVC and their households have improved well-being and resilience.

- Intermediate Result 1.1: OVC and their households have received appropriate care and support services.
- Intermediate Result 1.2: Stakeholders implement program quality improvements.
- Intermediate Result 1.3: The Ministry of Social Development has developed a standardized, HIV-sensitive case management system.

**Accomplishments during the reporting period:** Since the start of the project in October 2017, the team completed a smooth transition of the project from URC to 4Children. Much of the first quarter was focused on the transition and startup, which included the following activities:

- Development of a full set of training resources and tools for quality service delivery
- Recruitment and training of 309 case workers, 50 specialized case workers, and 28 social workers on the technical approaches and curricula to be used by the project
- Sensitization and introduction of the project in all 46 participating councils
- Reassessment of 47,361 old beneficiaries from the URC project, and identification of 1,106 new beneficiaries (most vulnerable Children and their household members)
- Stakeholder meetings to strengthen partnerships, exchange information, and encourage involvement and ownership; among these, the project was presented to the Honourable Minister of Social Development and the Principal Secretary
- Launch of the project with stakeholders, in conjunction with MoSD

After the successful launch and startup of the project, the team has made significant project activity progress. During this reporting period, the project reached a total of 36,074 beneficiaries, or 74% of the overall 4Children OVC project target of 48,647 beneficiaries. Of the 36,074 reached, 20,989 (58%) are OVC whilst 15,085 (42%) are caregivers. Some beneficiaries also received services from the DREAMS project as part of the synergy between the two projects and layering of services.

Additional accomplishments during this reporting period include:

- A case management file audit was conducted with the five IPs of the project to understand how case management was being done under the previous project and to make recommendations to ensure alignment with 4Children's case management approach. Case files were redistributed as needed within partners to ensure each had the relevant files for the families served in their new geographic area.
- Skills building to ensure that project staff and IPs have basic information on HIV and AIDS, on how to encourage voluntary disclosure in the communities, and how to promote linkages with HIV prevention, treatment and support services was delivered to all staff including social workers and case workers in all 46 community councils. Subsequently, 1,035 beneficiaries received [HIV and AIDS education](#), 705 children under five were screened for HIV risk, and a total of 1,289 OVC were referred to HTS. In addition, 12 caregivers were linked to HIV treatment.
- The program is ensuring OVC get nutritional support, through OVC household training, counselling, and referrals. 4Children identified 50 Specialized Case Workers who are responsible for implementing WASH, and Nutritional Assessment, Counselling and Support in communities. The Case Workers were trained in January, and the project reached 358 children under 5 with nutrition assessments; 27 children who were found to be malnourished were referred to the health facility for further assistance.
- 947 caregivers were reached with WASH education. The project printed WASH materials (brochures and posters) to be distributed to the caregivers, ECD centers and other facilities.
- The 50 Specialized Case Workers were also trained in January to be work with caregivers of under-five children on early childhood stimulation, development, and positive parenting techniques. To date, these specialized case workers have reached 435 children under 5 with stimulation activities.
- In November, 28 Social Workers and five IP management staff were trained on delivering the Aflateen/Aflatoun curriculum, including through Childrens Homework clubs. To date, 764 OVC have attended Aflateen/Aflatoun sessions and more groups will be formed the next quarter. 1,519 OVC attended homework clubs in order to be assisted with their studies.
- A total of 1,943 OVC were linked to school bursary support: 93 received secondary school bursaries from MoSD in January 2018 and the remaining children were referred to private companies to receive school bursaries.
- A 5-day TOT for 28 Social Workers in Financial Education (in conjunction with Aflateen/Aflatoun) was completed in November 2017. The social workers then trained existing and new VSL groups in Financial Education. During this reporting period, 4,685 members were trained on financial education.
- 262 OVC and their caregivers are currently participating in the Rethabile parenting sessions.

- 440 OVC having experienced trauma were reached through the Singing to the Lions curriculum, after training of the Social Workers on this curriculum. The training was done in collaboration with the Child and Gender Protection Unit (CGPU) within Ministry of police. In addition, 14 cases were referred for follow up to CGPU.
- Case Workers were able to identify and refer 10,031 children in need of a birth certificate to Home Affairs. In addition, the project facilitated access to birth certificates for 701 OVC through Child Well-being days.
- A consultant was identified who will conduct a Quality Improvement (QI) impact study, to start in April, to look at the QI/Community Improvement Teams (CIT) methodology and the impact thereof. The purpose of the study is to inform the scaling up of the CIT in all the districts and community councils. This study will analyse the progress and results of the QI plans of the CITs and will form the basis for plans to extend the QI process to additional MoSD stakeholders providing care to vulnerable children.
- A technical working group (TWG) for case management was established within the National Child Protection Committee (NOCC) as part of the project's effort to support the MoSD to develop a national case management system. An analysis was done of the Child Protection Welfare Act, which will provide a framework for the case management system. In addition, an audit was conducted to compare the framework to current practice of case management, and a situational analysis report on the findings was drafted.

## Malawi

**Overview:** 4Children Malawi, in partnership with Catholic Health Commission Lilongwe, uses a community-based approach to deliver comprehensive HIV prevention and support, parenting skills training, household economic strengthening, youth empowerment activities, and educational support to 13,901 beneficiaries living in Lilongwe District. Through case management, the project identifies the unique needs and strengths of each household and develops individualized case plans to assist families in reaching a point where they are resilient enough to exit programming. Some services, such as nutrition support or HIV testing and counseling, are delivered via referral to other service providers. In addition to ensuring OVC and their families receive the full range of services they require, 4Children Malawi also provides technical assistance to strengthen the capacity of Catholic Health Commission Lilongwe to directly implement HIV-sensitive services, and works with government in the District Social Welfare Office and national Ministry of Gender Child Disability and Social Welfare to strengthen national HIV- and child protection-sensitive case management processes.

**Objectives:** The goal of the 4Children project in Malawi is to mitigate the impact of HIV and prevent new infections in children in the scale-up district of Lilongwe. The project's strategic objectives include:

1. Improved utilization of high quality HIV testing, prevention, care and support, and related mitigation interventions, as well as reciprocal referral and linkages to ensure continuity of care across the continuum;
2. Increased adoption of behaviors that reduce HIV transmission and acquisition, and mitigate impact among adolescents; and
3. Strengthened capacity of Malawian structures to lead, coordinate and implement comprehensive HIV testing, prevention, care and impact mitigation responses.

**Accomplishments during the reporting period:** In collaboration with trainers from the Government of Malawi, 4Children trained 11 Caseworker Supervisors on the case management approach utilizing the Government of Malawi Child Protection Case Management booklet and complementary HIV-sensitive tools designed by 4Children. The Caseworker Supervisors then cascaded the training to 112 Community Volunteer Caseworkers, who have been building rapport with households, conducting assessments, developing case plans, providing referrals to services, and educating families on issues related to HIV. As the case management approach is being rolled out by Catholic Health Commission Lilongwe, 4Children Malawi will continue to provide technical assistance and supportive supervision to the Caseworker Supervisors.

To further support case management efforts in Malawi, at the request of the Government of Malawi, 4Children collaborated with Unicef and staff from the OneCommunity project, led by Johns Hopkins University, to develop four HIV-sensitive indicators for inclusion in the government-endorsed case management package. The HIV-sensitive indicators were accepted by the Government of Malawi Case Management Technical Working Group in March 2018.

In addition to training on case management, 4Children Malawi also trained 11 Savings and Internal Lending Communities (SILC) Community Agents, 3 SILC Micro Finance Officers, and 11 Government Community-based Development Assistants on SILC methodology. To date, 1,087 households have been reached through the establishment of 52 new SILC groups, who have thus far saved more than \$1,300 USD. The majority (73%) of SILC groups report discussing HIV-sensitive topics, facilitated by a basic HIV information booklet that was developed for this purpose.

Towards strengthening the referral mechanisms between service providers in Lilongwe, 4Children Malawi conducted an Organizational Network Analysis (ONA) and mapped the OVC service providers operating in the district. This information was compiled into a service directory. A total 171 service directories were printed and are currently being utilized by Caseworker Supervisors and Community Volunteer Caseworkers. An analysis of the map revealed that the majority of service providers act in isolation; thus a workshop was held with 17 representatives from various organizations to develop action plans for strengthening the referral network. After six months, 4Children Malawi will repeat the ONA assessment to measure improvement.

Finally, to inform the design of appropriate technical and organizational capacity developing interventions, Catholic Health Commission Lilongwe completed the Integrated Organizational Capacity Assessment tool. The assessment revealed capacity gaps in monitoring and evaluation, psychosocial support skills, human resource systems, and a lack of a resource mobilization strategy. In partnership with Catholic Health Commission Lilongwe, 4Children Malawi has been providing tailored capacity strengthening interventions to address these gaps.

## Mozambique

**Overview:** The 4Children Mozambique project builds on the significant four-year investment by USAID/Mozambique's in the Fortalecimento dos Sistemas de Saúde e Acção Social (FORSSAS) Program, a health and social welfare workforce capacity building project, implemented by Deloitte Consulting LLP until mid-2016. FORSSAS supported the systematic training of government social work technicians on social service assistance and early childhood education. The 4Children Mozambique project continues to build on this investment by addressing the need for more qualified social work technicians. Implemented by CRS and 4Children consortium technical

partner, Maestral, the project works in close coordination with the Ministry of Gender, Child, and Social Action (MGCAS), other PEPFAR implementing partners, and key child protection stakeholders in country. The 4Children Mozambique project goal is for the social welfare workforce to fulfill their mandate to meet the needs of vulnerable children affected by HIV and other adversities. The project supports PEPFAR objectives by strengthening the ability of social welfare workers to identify children and families affected by and at risk of HIV and refer them for testing, care and treatment, and enrollment in PEPFAR OVC programs.

**Objectives:** 4Children Mozambique continues to collaborate with MGCAS to support social worker technical training programs for government personnel from the districts and civil society workforce at large. 4Children Mozambique works with the MGCAS to provide the social worker technical training course to their personnel at the Ministry of Health training institutes in Niassa and Sofala. 4Children Mozambique is also working to identify a more sustainable training model that is open to non-government workers and students, as well as government social workers. To demonstrate the impact of past workforce capacity strengthening investments under PEPFAR supported programs, and understand further gaps, 4Children Mozambique will assess the current social worker technical training curricula and the impact of social work technicians trained under FORSSAS and 4Children in Sofala Province and disseminate findings from the assessments with recommendations to key stakeholders and partners.

**Accomplishments during the reporting period:** To ensure continuity through the transition between the FORSSAS and 4Children projects, 4Children partnered with Deloitte to continue supporting delivery of the TAS courses in Sofala and Niassa through the first quarter of FY18. All training activities and fieldwork were regularly monitored and supervised by both the Pedagogical Directorate and the Provincial Directorate-Direção Provincial de Género, Criança e Acção Social (DPGCAS), 4Children Project Coordinators, Focal Points, and Project Officers. Project staff completed two monitoring trips, in October and December, and attended the Niassa graduation of 31 Social Work Technicians. A total of 66 Social Action Technicians from MGCAS graduated and are certified to work in all provinces in Mozambique.

In collaboration with the MGCAS, it was decided to provide the course for the 2018 training cycle at the Ministry of Health Training Institute in Sofala only and to discontinue the course in Niassa, in order to reduce overall monitoring and operational costs. This decision allows 4Children to support the social work technical course for 70 MGCAS personnel from all provinces with monitoring until the course is complete in December 2018. Transportation, accommodation, and meals are being provided to all participants, who reside outside of Beira City, Sofala, where the course is being held.

In the second quarter of FY18, 4Children supported a Training of Trainers (TOT) on the National Professional Education Authority's (Autoridade Nacional da Educação Profissional, ANEP) methodology for social action and early infant education technical courses to trainers in Beira City, Sofala, in coordination with MGCAS, DPGCAS in Beira, ANEP, and Instituto Superior Dom Bosco. As the decision was made to discontinue the social action course in Lichinga for 2018, it was also determined to limit the participants for the TOT to trainers in Beira City, Sofala, only. 4Children supported the TOT for 14 new trainers from the health training institute as well as 15 trainers from Mwana Institute, who provide the TAS and TEI course to the public.

Several meetings were held between 4Children and the MGCAS HR Department to determine a course of action for a more cost-effective training delivery model. Two options were discussed: Option 1) Open the government health training institutes to receive fee-paying students to offset costs for government workers, or Option 2) Transition the courses to be taught at Mwana Institute (accredited for the social action and early infant education courses by ANEP in October 2017). The first option presents several limitations, the critical one being the absence of a financial management process to receive external students. The discussions revealed a need for additional long-term advocacy efforts, with no clear resolution timeframe. Option 2 was heavily discouraged by the MGCAS as they required additional review of the quality of teaching at Mwana Institute and expressed a preference to have the course remain at a government training institution. 4Children will continue to advocate and discuss how to best support the government to provide a long-term solution for a cost-effective shift from their current mode of training for the remainder of 2018.

4Children started preparations for the assessment of social work technicians who were trained under FORSASS and 4Children in Sofala province. The assessment will review the knowledge, skills, and responsibilities, including delivery of services to beneficiaries, through focus group discussions with 38 social work technicians working in Sofala. The assessment will be conducted in Quarter 3 with a report disseminated in Quarter 4. Included in the assessment report will be a review of the current social action technical curricula, with recommendations.

## Namibia

**Overview:** 4Children was requested by the Ministry of Gender Equality and Child Welfare (MGE CW) and USAID/Namibia to provide focused technical assistance in the development of an HIV-sensitive case management system to support the implementation of the Child Care and Protection Act (CCPA), which was passed in 2015 replacing the outdated Children's Act of 1966, and to improve the use of data in decision-making, including the development of an M&E Framework for the statutory case management system. This activity was implemented from mid-2016 to December 2017.

**Objectives:** The overall goal of the 4Children Project in Namibia was a strengthened HIV-sensitive social welfare system. Two strategic objectives included: 1) a streamlined and strengthened HIV-sensitive case management system within Namibia; and 2) greater capacity of the MGE CW to use data to drive decision making.

**Accomplishments during the reporting period:** During previous reporting periods, 4Children developed and finalized case management SOPs, job aids, forms, and other tools, and a TOT curriculum, in close collaboration with the MGE CW and a Technical Working Group of key governmental and civil society stakeholders. The case management package married best practice with the local and HIV context and specific requirements of the CCPA. These materials were tested and analyzed during a three-month pilot in two regions, which also included a TOT for senior management staff from MGE CW as well as supervisors from the pilot regions. Some of those trained in the ToT then co-facilitated case management training in the pilot regions, with 4Children support.

During the first quarter of FY18, the project's final quarter, experiences from the pilot were analyzed, materials were updated, and a final TOT was conducted at national level. At this final



training, supervisors from all other regions participated; it was facilitated entirely by the Ministry, with one of the supervisors from the pilot region being a key facilitator.

4Children worked closely with MGCEW to improve the use of data for decision-making through bi-annual Data Review Meetings and the development of an M&E Framework for the statutory case management system. A curriculum on Data Demand and Use (DDU) was developed and tested, and training took place in the pilot regions and at national level. Support was given to develop a database for the Child Welfare Directorate, and an indicator list and M&E plan was finalized.

Due to the short-term nature of the project, 4Children was intentional in working with the Ministry from the beginning to ensure that the products and approaches developed during the project can be built upon and sustained in the long term. A project review and sustainability planning meeting was conducted in August 2017 to learn from the collaboration. This meeting was also an opportunity to map a clear and sustainable way forward through existing and further collaboration. The meeting included the Permanent Secretary, her deputy, and other senior management staff from the MGCEW. The meeting also included senior staff from the pilot regions, development partners, other Ministries, civil society organizations, and the 4Children team. This meeting and its participants informed the development of a Sustainability Plan, which provides a road map for the Ministry to continue to institutionalize and scale up case management and DDU in partnership with other stakeholders.

The project officially closed in December 2017. All deliverables, such as the final report, [case management package and tools](#), and DDU, were finalized and shared with USAID and the MGCEW. The final financial report was also completed and submitted to USAID.

## Nigeria

**Overview:** In Nigeria, 4Children provides technical assistance to 16 PEPFAR OVC implementing partners (IPs) and 33 state governments. 4Children Nigeria draws on global evidence that illustrates that HIV and other adversities are best prevented and addressed when families and children have access to high quality health and social welfare services. The project uses specific capacity strengthening approaches to improve capacity of government, civil society organizations (CSOs), networks, and IPs to increase quality service delivery to children and achieve responsible exit through case plan achievement or transfer to other sources of sustainable support.

**Objectives:** The overall goal of the project in Nigeria is to improve access of OVC and their households to HIV-sensitive services that allow for their responsible exit or transfer from direct PEPFAR support. 4Children's strategic objectives are:

- States and local government areas (LGAs) have strengthened capacity to sustain HIV-sensitive social service systems; and
- CSOs and health facilities have strengthened capacity to provide services (case management, referrals, household economic strengthening (HES), parenting, and adolescent girl programming) to support the exit (previously referred to as graduation) or transfer of 900,000 OVC and their households.

Reflecting the key areas for technical assistance as included in the original scope of work for 4Children and in response to the PEPFAR pivot in Nigeria, the project is designed to achieve the following:



- Develop guidance, strategies, and tools to support improved HES and parenting;
- Strengthen case management, linkages among and referrals between community and clinic- based OVC services, including strategies for reaching more children living with HIV within the OVC population;
- Strengthen capacity of government systems (LGA and state level) to advocate, plan for, and use funds for OVC strategies that will guide the delivery of critical OVC services at clinical facilities; and
- Increase cross-learning opportunities, documentation of good practice and operations research to support and advocate for evidence-based OVC services.

**Accomplishments during the reporting period:** During this reporting period, 4Children Nigeria accomplished the following, organized by each of the domains noted above:

*Sustainability:* As part of efforts to strengthen coordination between OVC actors across Nigeria, 4Children supported the Federal Ministry of Women’s Affairs and Social Development (FMWASD) to develop guidance for coordinating the country’s OVC response. The guidance was developed through a participatory process that allowed key stakeholders to review and provide input into the guidance document, ensuring that it aligned with Nigeria’s National Standard of Practice on OVC. In March 2018, the National OVC Coordination Guideline was assented by the Minister of Women’s Affairs and Social Development.

At the state level, 4Children continued to provide tailor-made mentoring support to 30 state-level ministries of Women’s Affairs and Social Development (SMWASD). The mentoring support focused on addressing organizational capacity gaps identified by the Sustainability Capacity Assessment (SAF-T) tool with regards to sustainability and program transition strategies. A few of the results of 4Children’s mentoring include: the creation of a budget line for OVC in the Federal Capital Territory and Benue, Nasarawa, Rivers, Akwa Ibom, Borno, Bayelsa, Delta, Imo, Niger, Gombe and Yobe states; increased inter-agency collaboration between the Directorate of Budget and Economic Planning, State Ministry of Finance and SMWASD for budget release for OVC programs in Jigawa and Bauchi states; and the development of state-level plans of action for OVC in Lagos, Adamawa, Borno and Kebbi, and Sokoto states.

In addition, in continuation of 4Children’s sustainability planning approach and efforts to improve public sector financing of the OVC response, the project monitored states’ budgeting processes with the objective of ensuring that OVC budget lines are either sustained or increased in the 2018 appropriation. In total, 23 states have so far included a total of N1,667,510,900 (\$4,631,975USD<sup>5</sup>) in their ministerial budgets for 2018, appropriated accordingly by the Executive Governor in each state. This allocation is more than twice the total amount allocated in 2017.

*Case Management:* 4Children Nigeria developed a standardized and holistic referral package for use by OVC IPs. The package, which includes standard operating procedures and tools, was reviewed and validated by 86 key stakeholders. The referral package was rolled out via a training of trainers that was attended by representatives from the federal government, donor agencies,

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<sup>5</sup> Currency conversion at the current official prevailing rate of 360 NGN to 1 USD

and CSOs. As the referral mechanism is being implemented as part of the case management approach, 4Children Nigeria will continue to provide ongoing technical support both on referrals and case management to ensure the responsible exit or transfer of households. Thus far, during this fiscal year, 4Children Nigeria has mentored 47 CSO staff from six implementing partners on proper documentation and case filing.

*Household Economic Strengthening:* 4Children Nigeria completed its agriculture livelihoods trainings and focused on intensifying post-training mentoring support for IPs, Government of Nigeria (GoN), and Associations of OVC Non-Government Organizations in Nigeria (AONN). Because findings show that most caregivers in Nigeria are already value chain actors as producers or distributors of crops and small livestock but many lack skills and knowledge on production and management, 4Children Nigeria facilitated four cohort training of trainers on agriculture-based livelihoods. The trainings equipped trainers with the knowledge and skills needed to assist OVC caregivers to improve their production practices to increase their yields, household nutrition, and incomes. More information about the training of trainers is detailed below:

- Training on soybean, rice, sweet potato, maize, cassava, and homestead vegetable production and management was held for 32 participants from IPs, CSOs, private sector, AONN, and GoN Federal and State Ministry of Agriculture and Rural Development (MARD) and Nasarawa SMWASD. Training content included land selection and preparation, seedlings and planting methods, pests, disease and weed management, harvesting techniques, and post-harvest handling.
- A five-day goat, sheep, poultry, and snail production and management training was conducted for 11 participants from IPs, the federal MARD, and AONN. The training focused on micro-level production aimed to improve caregivers' knowledge of breeds and their purpose, feeding practices, and animal health and infrastructure requirements to start-up or expand production.
- A value chain development project design and implementation training was held for 17 participants from IPs, GoN (SMWASD, Federal and State MARD), and AONN. The training strengthened the capacity of IPs to support households that are prepared to grow to effectively engage with market systems.

In addition, 4Children Nigeria supported the National Cash Transfer Office (NCTO) to develop trainings on livelihoods enhancing approaches to integrate in the cash transfer program. The approaches will facilitate households' access to cash transfers aimed at ensuring that livelihood is sustainable and resilient. Overall, training and post-training mentoring reached 459 IP, CSO, AONN and Federal and State GoN and the NCTO staff.

*Parenting:* 4Children Nigeria is finalizing the Better Parenting Nigeria national parenting curriculum. During this reporting period, the project reviewed the curriculum's content using feedback received from caregivers and the findings from a three- and six-month pilot evaluation. The revised Better Parenting Nigeria curriculum now has four basic parts: one Core-Cross Cutting module, a second module on other Family Issues, and two supplemental modules on Early Childhood Development and Parenting Adolescents. As master trainers are stepping down the training on Better Parenting Nigeria, 4Children will continue to provide mentoring support to the GoN and other key actors.

In addition to finalizing the parenting curriculum, 4Children Nigeria, at the request of USAID/Nigeria, also developed guidance on how to work with adolescents, entitled *Positive Potential: Guidance focused on working with adolescents*, and trained 30 partners including IPs, GoN, and CSO network staff on integrating adolescent-friendly interventions into the work they currently do with children.

Further, 4Children partnered with Girl Effect to conduct qualitative interviews to investigate the opportunities for, and barriers to, adolescent girls' and boys' HIV testing, disclosure, treatment, adherence, care and support needs. The survey included 118 respondents: 94 adolescents living with HIV, 9 caregivers, 9 club facilitators, and 6 health care providers. Preliminary findings include:

- Adolescents living with HIV have dreams and hopes of being well educated and self-reliant, with professional careers, and many want to become doctors and nurses to provide better care for sick young people.
- Caregivers of younger adolescents living with HIV (aged 10-14) were often reluctant to disclose their status to them and often rely on health workers to do so.
- Schools can make attendance at clinic appointments and adherence challenging, as adolescents fear their classmates may know that they are living with HIV.
- When probed, many adolescents revealed stories of health workers who had treated them badly, shouted at them, or explained things in a way that the adolescents did not understand.
- Health centers do not always ensure privacy and confidentiality of adolescents living with HIV and this is a key concern for older adolescents and their parents.
- Older adolescents want to become independent and see economic empowerment programs and microloans to fulfil this wish and give them control over HIV, helping them visit health centers, and supporting other needs like nutrition with their own money, rather than relying on their parents.

*Evidence Building and Learning:* 4Children Nigeria completed the first and second phases of the graduation tracer study, examining how children and families perceived the graduation process and their ability to maintain the gains made while enrolled in an OVC project. In total, 3,206 households were included in the study. To further generate evidence to inform future OVC programming, the project developed 10 knowledge products including three abstracts for the International AIDS Conference, a journal article, two abstracts for the 2017 ICASA Conference, a newsletter, a research report, and two technical guidelines.

## South Sudan

**Overview:** The 4Children project in South Sudan is designed to improve the quality of life for vulnerable children, youth, and caregivers through the targeted provision of OVC services. The project complements the existing HIV care and treatment programs in the country while enhancing coordination with health facilities and PLHIV networks in identifying orphans and vulnerable children and linking them through a bi-directional referral mechanism to clinic and community support services. The project is also building skills among social workers at the Jubeck State Directorate of Gender and Social Welfare to provide high-quality, supportive supervision to case care workers. South Sudan continues to be affected by political instability and violence and a further deterioration of its socioeconomic and food security situation. This in return has increased vulnerability among PLHIV households where women and children continue to shoulder the

largest burden. Health workers continue to go for months without their salaries, and some have either discontinued working or reduced their hours, which has resulted in health facilities not operating at their full capacity. Shortages of essential drugs and supplies also continue to negatively impact the provision of quality HIV services.

**Objective:** The goal of the 4Children project in South Sudan is to improve quality of life for children, youth, and caregivers made vulnerable by HIV and AIDS and other adversities in Juba. The strategic objectives include the following:

- Vulnerable children, youth and caregivers access HIV care, treatment and community support services
- Caregivers have the capacity to meet their needs and provide care and protection for vulnerable children
- State Directorate of Gender and Social Welfare workforce are better able to respond to needs of OVC and their caregivers

**Accomplishments during the reporting period:** During FY17 and the first half of FY18, the project focused on enrollment of beneficiary households and supporting them to develop care plans, facilitating bi-directional referrals for services, supporting caregivers through training of positive parenting techniques, and economic strengthening through SILC methodology.

During this reporting period, 4Children completed enrollment of 157 beneficiary households, of which 110 were supported in developing their care plans. Project accomplishments also include training of 90 individuals (45 caregivers and 45 teenagers) on positive parenting using the adapted Beit Salaam curriculum; support for 612 individuals (164 of which are enrolled beneficiaries in the project) through participation in SILC groups; 138 home visits conducted during which health information and HIV prevention education were provided; and referrals of 48 children from enrolled households for HIV testing and enrollment onto ART if found to have a positive status.

The project continues to make progress on indicators reported to PEPFAR, although achievements against targets were affected by a smaller than anticipated budget for the year, which impacted the number of Case Care Workers and Case Care Team Leads the project could maintain, as well as plans to enroll a fourth cohort of beneficiaries. In the first six months of FY18, 4Children reached 1,187 beneficiaries (938 under 18 years of age) with direct project services such as food support, education support, SILC group participation, parenting class participation, completed referrals, and education-based home visits. Of the 938 OVC beneficiaries under 18, 26 have reported being HIV-positive and are currently enrolled in ART; 377 reported a negative status, and 535 did not know their status. The project will continue to follow up with those that do not know their status to ensure those that are referred for testing or treatment are accessing those services.

To date, no beneficiaries have graduated or transferred and 465 have exited the project. Some of these households are lost to follow-up, but the majority constitute households that did not receive an OVC\_SERV service over the past 3 months that would qualify them as an active beneficiary according to MER guidelines. The project intends to reach those beneficiaries in the coming quarter.

Under strategic objective 1, key project achievements include the following:

*Enrollment of beneficiary households:* The project used the Household Vulnerability Prioritization Tool (HVPT) to complete pre-identification, assessment, validation and enrollment of 157 additional households from cohort 2. The project is also in the process of validating and enrolling approximately 200 additional households for cohort 3 with the HVPT tool. The HVPT is embedded with high vulnerability indicators (HVIs) which automatically selects households that contain at least one HVI (HIV, child abuse, child neglect, food insecurity, and lack of school enrollment). Working closely with health facilities and PLHIV network groups (SSNeP+ and NEPWU), beneficiary households were identified from ART treatment facilities ensuring that a significant amount of beneficiaries come from PLHIV households.

*Case Management:* The project finalized adoption of its case management and referral curriculum which was approved by the MoH for training its volunteers. The volunteers then used the competency gained to support cohort 1 households in developing their care plans with SMART goals which formed the basis of monitoring their progress towards graduation from the OVC program.

*Referrals and HIV Linkages:* 4Children previously conducted service mapping within its project locations and developed a comprehensive bi-directional referral protocol linking these services together in a pathway used by the Case Care Workers (CCWs) in referring children, caregivers, and youth to access HIV and community support services. The project has supported caregivers in referring all children to access HIV prevention, care and treatment services at health facilities. Working with the in-country PEPFAR implementing partners (ICAP, JHPIEGO and IntraHealth LINKAGES project), PLHIV network groups (SSNeP+ and NEPWU) and ADRA, the project team has maintained close collaboration with these partners to facilitate referrals for HIV services. For example, during targeted joint HCT outreach services, 4Children working with its Peer Mentors and CCWs referred children and vulnerable adolescents to access HCT services. This complementary approach has provided the project with alternative referral service points for adolescents. Currently, the project team works closely with ICAP in utilizing the family index testing model being piloted in Juba Teaching Hospital and Al-Sabbah Children Hospital, where children 0-14 years had been referred after follow-up at household level. A total of 48 children were referred for HCT services and received those services. To improve the referral process, the project launched case conferencing at all health facilities supported by the project to identify challenging referral cases and jointly deliberate on these cases to come up with remedial actions.

Under strategic objective 2, the project continued to support caregivers on adopting positive parenting techniques with their children, building financial capacity through the SILC methodology, and providing educational support.

*Parenting:* The project has six active groups in FY18. Using the Bait Salaam (Sinovuyo-based) kids (2-9 years) and Teens (10-17 years) curriculum, modified for the context of South Sudan and approved by the Jubek State Directorate of Gender and Social welfare (SDGSW), the project is in the process of training 90 caregivers and teens in FY18.

*Household Economic Strengthening (HES):* The project has formed 14 additional SILC groups in FY18, and the project now supports a total of 28 SILC groups consisting of 612 members (164 enrolled project beneficiaries).

*Education support:* The project has identified over 250 children from cohorts 1 and 2 for educational support. 4Children has notified the relevant schools that the project will pay the school fees for these children and will facilitate the payments to schools in Q3 of FY18.

In support of strategic objective 3, 4Children has been supporting skills enhancement for the social workforce to increase their competency in monitoring OVC programming. 16 social workers from the SDGSW had been seconded to support the 4Children project. To appropriately tailor trainings to the needs of the social workers, the project conducted a capacity assessment and identified training gaps in which appropriate trainings such as OVC case management and referrals, parenting techniques and SILC methodology were later conducted. In addition, the project identified critical gaps such as lack of harmonized job descriptions and a code of ethics for social workers both at state and national levels. These key documents have been drafted for a final review and approval by the State Directorate.

## Swaziland

**Overview:** The 4Children project in Swaziland is designed to improve service delivery and strengthen a multi-disciplinary case management system in order to mitigate the impact of violence and associated HIV risks on vulnerable children. It builds on existing and past investments by PEPFAR/USAID, the EU, UNICEF, and many NGOs, and was developed in consultation with the Department of Social Welfare (DSW) and other partners in country. The project is implemented in partnership with Pact and Bantwana/World Education International, together with local partners, Nhlanguano AIDS Training Information and Counseling Center (NATICC), and Cabrini Ministries. 4Children, with Bantwana, is strengthening a harmonized, DSW case management and referral system based on the legal framework for child welfare and protection. Cabrini and NATICC, with support from Pact, are expanding services for preventing and responding to cases of violence against children and mitigating additional risks of violence by identifying and providing comprehensive services in the following areas: Dvokodweni, Sithobela, Siphofaneni, Mpolonjeni (Cabrini), Maseyisini, Mbangweni, Mtsambama, and Hosea (NATICC). This work complements activities under Pact's Umliba Loya Embili project, a large-scale OVC impact mitigation and HIV prevention project for adolescents and young women. Cabrini and NATICC work with children and families where Umliba field workers have found adolescent abuse survivors, identified by Cabrini and NATICC, who receive the full package of OVC services available in the Umliba Loya Embili project.

**Objectives:** The project goal is to improve service delivery and strengthen the case management system to mitigate the impact of violence on vulnerable children and associated HIV risks. The project has the following two strategic objectives:

1. A multi-disciplinary Case Management System with clear roles and responsibilities and coordination mechanisms between DSW, NGOs, and community workers is strengthened
2. NGOs expand services for prevention and response to violence against children.

**Accomplishments during the reporting period:** Cabrini and NATICC provided abuse prevention and response services to 1,496 children (0-17 years) as well as 186 beneficiaries over the age of 18 years between October 2017 and March 2018. The program provided one or more prevention or post abuse services (including validation assessment; post abuse social and clinical services; and GBV



awareness and prevention). The project also has increased the identification, provision and referrals to health, HIV, legal and counseling services as well as the provision of statutory services and follow up by DSW social workers. Some child protection cases have been identified by community workers and were referred to DSW social workers.

In quarter two alone, the following services were provided:

- 342 children received post-abuse services, including 191 newly-identified cases, who were subsequently referred for post-abuse assessment, and 151 follow-up cases, who were identified in previous reporting periods and continued to receive case management services through follow up services.
- Abuse prevention and awareness sessions were conducted, and an additional 148 children were reached at household level; 1,006 children were reached through OVC GBV group sessions.
- A total of 48 new cases were identified as a result of GBV prevention sessions which represents 32% of new cases accessing GBV prevention services in Q2 only.
- 40 new cases were identified through community / self-referrals (walk ins), which can also be attributed to the GBV prevention sessions.

In partnership with Bantwana, case workers from Cabrini and NATICC piloted the national case management tools which include: National Case Management Standard Operating Procedures; Operational Handbooks for DSW Social Workers and Community Workers, respectively; Training Manual for Social Workers; Training of Trainers and training manual for community workers; and coaching and mentoring plan. All the case management materials are aligned to the Child Protection and Welfare Act (CPWA), 2012 and global best practice, drawing from the 4Children case management case studies and key principles. The guidance also includes job aids, data collection tools, and case studies. Project partners are currently facilitating the provision of feedback on the use of the tools to DSW and 4Children.

During this reporting period, a total of eight monthly joint supportive supervision visits of Community Workers were conducted by DSW Social Welfare Officers and Bantwana. The focus was on improving case identification and referral, as well as to ensure that Community Workers operate within their scope of work and jurisdiction to minimize community level risks so that community workers do not contaminate/negatively impact existing evidence that should be collected by statutory actors such as the police, which would result in evidence not being admissible in court. In addition, the DSW was supported to convene and facilitate six regional meetings of the Child Protection Forums, and one quarterly meeting of the National Case Management Subcommittee. These meetings drew together relevant ministries and civil society organizations. The DSW is increasingly playing a lead role on sectorial coordination of key child protection actors and facilitates interface with stakeholders to strengthen bi-directional referrals. It is hoped that the regional coordination forum will have a positive impact on increasing the number of stakeholder referrals to the DSW. The national subcommittee was appraised on the progress on implementation of the national case management system in the two demonstration sites.



## Uganda

**Overview:** 4Children aims to build the capacity of social welfare actors in Uganda to successfully plan, lead, and coordinate comprehensive care to children affected by HIV and other adversities. In this response, 4Children works to strengthen partnerships between the Ugandan government and civil society actors to ensure that partners in the sector are not only aware of key child protection policies, but also understand and execute their roles and responsibilities in a more coordinated manner. The project supports government to disseminate new and existing policy documents, legal frameworks, and guidance in a data-driven manner, targeting key actors and hotspots to strengthen knowledge, and promote targeted response planning. The project works to build the social welfare workforce's capacity to meet the needs of vulnerable children through a standardized case management package that is reflective of child rights and social work principles. Further, it works to improve partnerships to help strengthen, promote, and regulate the social service workforce. Part of this work is to engage various stakeholders in the development of standardized guidance for the engagement and training of the para-social workforce. Lastly, 4Children aims to support efforts to strengthen the capacity of social welfare actors to capture, analyze, and utilize data to inform, improve, and scale up effective service delivery.

As part of this project, 4Children has received PEPFAR PlusUp funding to support the Case Management Rapid Response activity to develop a harmonized approach to case management for OVC programming. With this funding, the project has completed an analysis of existing tools and resources in Uganda and has drafted the harmonized case management package (including SOPs and tools) for review, in consultation the MGLSD, local implementing partners, and other key stakeholders. 4Children is currently pre-testing the package before finalization and publication. All PlusUp funding has been fully expended by March 2018. In the next phase, 4Children will finalize accompanying training materials and support the roll-out of the entire package in PEPFAR priority districts. Funding for phase II will be provided from the wider USS budget.

**Objectives:** The project goal is to support the strengthening of the social welfare system in Uganda so that it meets the needs of children affected by HIV and other adversities. The project has the following three strategic objectives: 1) Ugandan institutions are strengthened to successfully plan, lead, and coordinate comprehensive services for children made vulnerable by HIV and child protection risks; 2) Uganda's social protection workforce is strengthened to deliver comprehensive services for children made vulnerable by HIV and other child protection risks; and 3) Ugandan institutions collect, analyze, and use data to improve planning, service delivery, and learning around social welfare systems.

**Accomplishments during the reporting period:** Key achievements of the project during this reporting period include the following:

- *Policy Dissemination:* 4Children supported the MGLSD to conduct an inventory of child protection policies and legal frameworks, including 14 policies, 16 Acts and 21 strategic documents, guidelines, and national action plans. 4Children supported MGLSD to plan and execute a nation-wide dissemination of three key legal instruments relevant to the social service workforce including: The Children Act CAP 59 (as amended) 2016; The Children Approved Homes Rules, 2013; and The National Alternative Care Framework 2013. These policies were targeted at key members of the frontline workforce in all 123 districts. Lastly, the

project supported MGLSD to begin development of a national plan for policy dissemination—in collaboration with 16 partners—emphasizing priority policies, data-driven dissemination, and partner collaboration/resourcing.

- *Violence Against Children Response Planning:* USS held meetings with MGLSD, UNICEF, and the CDC to identify potential areas for collaboration/coordination in VACS dissemination and response planning for an effective and wide coverage. 4Children supported the dissemination of VACS findings during the Regional Sector Review Meetings to ensure findings are integrated as part of the dialogue at the regional level.
- *Local Networks and Leadership:* USS supported the National Association of Social Workers of Uganda (NASWU) leadership to initiate a Holistic Organizational Capacity Assessment (HOCAL), and develop an organizational strengthening plan; as part of this work, CRS has seconded a staff member to provide ongoing support on organizational strengthening. In addition, NASWU has begun to develop an inventory of existing continuing professional development resources; conduct a member's survey; and conduct review of existing guidelines for PSW engagement.
- *Review and Audit Social Work Training:* In coordination with USS consortium partner, Makerere University, Department of Social Work and Social Administration, the project has established a partnership with National Council for Higher Education (NCHE) to audit and review Social Work curricula in Uganda. Makerere and NCHE have drafted an issues paper on social work education in Uganda to demonstrate the need for review of social work programs. In addition, the project is working with NCHE to form a Social Work Steering Committee to support review of social work training.
- *Case Management:* As part of the project's Case Management Rapid Response Activity (funded via Plus-Up) USS has completed case management assessments of both USG-funded Implementing Partners and the MGLSD – this includes MGLSD guidelines, SOPs, tools, and training curricula. Based on the results of this assessment, the project prepared a roadmap for the harmonization of a case management package for OVC. Related to this work, NASWU conducted consultations with para-social workers (PSWs) in five sites to understand their case management-related training, experience, and recommendations to inform the further development of the package. In addition, the project supported MGLSD to establish TWGs and convene two 3-day review meetings to harmonize and review case management tools. MGLSD provided approval for pretesting the draft case management toolkit. Subsequently, the project has developed pretest methodology/tools, and mobilized seven implementing partners to participate in pretesting the tools and is currently working with MGLSD to visit pretest sites. During this period the project has fully expended the funding provided through PlusUp to support this work.
- *Social Service Workforce Strengthening:* USS held preparatory meetings with the MGLSD and UNICEF to plan for a Functional Review of the workforce, which includes a coordinated effort to gather data to make the case for the standardization of job descriptions, performance standards and supervision responsibilities for district level MGLSD staff. In addition, to support the continuing professional development of MGLSD staff, the project has compiled an inventory of courses currently available on child protection, and supervision and management and obtained soft copies of materials. The project is now working with the MGLSD to review existing handbooks and tools for workforce induction for conversion to e-learning.
- *Building Evidence:* USS has conducted a rapid assessment of key issues, trends, and opportunities to utilize existing datasets to guide social service workforce interventions. This work has included gathering secondary datasets for analysis from OVCMIS, DHIS2, Child helpline, and UBOS, UDHS and other sources to identify regional emerging trends and “hot

spots” for child protection issues. A preliminary report was developed with recommendations to guide targeted dissemination of child protection policies and legal frameworks. The project has since compiled and summarized national and region-specific child protection data focusing on hotspots to increase awareness of the social service workforce on child protection issues. Lastly, the project participated in three MGLSD M&E TWG Meetings to present the project, engage the members on case management activities, discuss plans for upgrade/evolution of the OVC MIS, as well as secure buy-in for establishing an OVC TWG Sub-committee for Evidence Building.

- *Regional Sector Reviews:* USS has supported MGLSD to develop a plan and implement regional sector reviews to reach the district level workforce in all 123 districts. Through this process, government social welfare actors reviewed the district-specific data, as discussed above, to compare results across districts and within a region. Discussion topics included: progress in the sector, policy dissemination, high-level review of roles in child protection, data for response planning, and coordination. This activity provided a platform for peer-to-peer dialogue on the factors that may be driving positive and negative trends as well as identifying priority child protection issues by district and region. Five of the seven regional meetings have been completed during this period.

### Keeping Children in Healthy and Protective Families (KCHPF)

**Overview:** Globally, a large but essentially uncouned number of children live outside of family care, with negative long-term effects on their physical, emotional, and cognitive development and social integration. USAID’s Displaced Children and Orphans Fund (USAID/DCOF) supports the implementation of the USG’s Action Plan for Children in Adversity, with a particular focus on supporting families, preventing unnecessary separation, and supporting permanent family care, as well as preventing, responding to, and protecting children from violence, exploitation, abuse, and neglect. Keeping Children in Healthy and Protective Families (KCHPF) is an applied research project under 4Children, funded by DCOF, which focuses on strengthening family care among households where children can be reintegrated after having been placed in residential care. KCHPF was originally intended to work in three countries—Uganda, Cambodia, and Rwanda. In FY16, the KCHPF Uganda project design was approved and began implementation. In FY17, 4Children also developed and submitted a revised concept note for Rwanda and a full project design for Cambodia; however, DCOF ultimately decided not to proceed with work in either country.

**Objective:** KCHPF’s mandate is to expand the global evidence base on what works to support households where children can be reintegrated after having been placed in residential care, through a combination of program implementation and research activities. In Uganda, 4Children is supporting the reintegration of children living in residential care back into family-based care, through the provision of a package of family support interventions. The package includes reintegration case management, a small reunification cash grant, and a parenting program. 4Children is conducting a two-arm Randomized Controlled Trial (RCT) to measure the impact of the parenting program on reintegration outcomes. Both the intervention and comparison groups receive case management support delivered by dedicated case managers along with the cash grant. The parenting program is delivered only to families who are randomized into the intervention group. The parenting program is based on the Sinovuyo parenting program and is delivered to reunified families in the intervention group through a cadre of parenting education facilitators.

**Accomplishments during the reporting period:** Major activities during this reporting period focused on advancing program research and implementation activities in Uganda, including the following activities:

**Implementation, Service Delivery, and Research Activities**

- **Government and RCF Engagement:** This period, the project has employed a local consultant to help improve collaboration with RCFs and district level government by regularly engaging Probation and Social Welfare Officer (PSWO) and other district level officials to secure and strengthen cooperation with the KCHPF project. The consultant has encouraged new RCFs to collaborate with the project in order to receive support with the reunification of children. Further, he has worked to strengthen the linkages between PSWOs, RCFs and KCHPF case managers in cases where collaboration already existed. Through the consultant's work, PSWOs have been conducting case reviews with the RCF staff and CiF case managers in an effort to increase sharing of accurate information and better coordinate case management. Further, PSWOs have helped encourage RCF social workers to more efficiently assist with tracing and family assessment efforts. Lastly, Community Development Officers (CDOs), Local Council members, and para-social workers (PSWs) have been engaged when preparing children and families for reunification in order to expand the community support for the children and families and help mitigate protection risks.
- **Case Management Support to Families:** In FY17, KCHPF supported the development of a case management package for reintegration led by Maestral International in collaboration with local case management partner, Child's I Foundation (CiF). CiF continues to refine the case management tools, based on the experience of the case managers as they work through the various steps of the case management process, in order to adapt the tools to the Ugandan context and improve their functionality. In preparation for reunification, several steps of the case management process must be completed by CiF case managers. First, the project gathers the basic *biodata* on children to determine their potential for reunification as well as eligibility for the research. To date, the project has completed biodata on a total of 710 children (of which 223 biodata were completed this period). Next, the case manager begins to *trace the family*, including extended family members, as needed. To date, 372 family members have successfully been located (of which 182 were traced this period). Once a family is located, the case manager works with the family to assess their situation, willingness, and ability to be reunited with the child. To date, 241 family assessments have been completed (including 145 completed this period). The case manager and family then work together to *prepare a case plan* for reunification. The case plan summarizes measurable goals and actions to facilitate a smooth reunification and ensure the child's safety and best interest throughout the reintegration process. When the child and family is ready, the case manager then *submits the finalized case plan* along with other relevant documents to the district PSWO for review and approval prior to reunification. To date 93 case plans have been submitted for approval (88 submitted this period). As of the end of March 2018, the project has successfully reunified 45 children living in institutions back into their families, comprising 36 households. This number includes both children enrolled in the study as well as siblings who have been reunified, but will not be included in the study. After a family has been reunified, case managers continue to follow up with the child and family in the household to monitor the child's situation, review progress made against the family case plan, and provide additional referrals as needed. KCHPF will continue to provide support to children who are still in the process of

reunification. Due to the tight timeline for reunification, the project has worked to prioritize support to cases that have the highest likelihood of being reunified in order to maximize efforts to increase the number of cases that can participate in the study.

- **Baseline Data Collection:** In November, Westat led the training of baseline data collectors from Makerere University Department of Social Work and Social Administration, including on both the quantitative and cognitive testing components per the research protocol. Data collectors began baseline data collection on all children and families who were in the final preparation phase for reunification. Once Makerere collects baseline data, they work with Westat to randomize families into either the intervention or comparison group. Information about the cases that have been randomized into the intervention group is then shared with TPO Uganda so that they can begin delivering the parenting intervention. Through the end of March, 61 cases have had their baseline data collection completed.
- **Parenting Program:** The Esanyu Mu Maka (EMM) family reintegration parenting program, developed by Clowns Without Borders South Africa (CWBSA), is being provided to families in the intervention group by TPO Uganda. This period, CWBSA and TPO completed a post-pilot review and adjusted content in order to strengthen the delivery and uptake by families. This period, CWBSA has produced the finalized version of the EMM curriculum being used in the study and conducted a training for all parenting facilitators in October 2017. Starting in December, the project began delivering the parenting program to 13 families who have been randomized into the intervention arm of the study.
- **Cash Grant:** Based on findings from the project pilot and in working with local partners, the project has made slight revisions to its cash grant distribution plan. This includes 1) an increase in the total amount from \$100 to \$125 for each child enrolled in the study; 2) when a sibling group is being reunited, an additional \$50 per sibling is provided; and 3) rather than one distribution, the grant is delivered in two tranches: 60% of the total household grant is delivered one month prior to reunification and the remaining 40% is delivered one-month post reunification. To date, KCHPF has distributed cash grants to all 36 reunified households.

#### **Strengthening Alternative Care**

- **Alternative Care Panel (ACP) Guidelines:** The project is working with the Ministry of Gender, Labor, and Social Development (MGLSD) to develop guidelines for establishment and implementation of the district level Alternative Care Panels, modeled after the national level Alternative Care Panel and in compliance with the Alternative Care framework. During this period, the project hired a consultant to hold a series of consultations with the MGLSD and other child protection actors from the government and civil society. Led by consortium partner Maestral International, the project has developed a draft of the guidelines based on input from the consultations. In March, the project supported the MGLSD-led meeting of the National Technical Working Group for Alternative Care. At this meeting, more than 40 members from civil society, government, and UNICEF met to review the draft guidelines for establishment of ACPs and the curricula outline. Feedback provided is being incorporated into the next draft for validation by the group. Once this is done, the project will work to develop the accompanying training curriculum.
- **Foster Care:** At the project level, KCHPF is supporting efforts to identify and train a small group of temporary foster-carers to meet the short-term needs of the project, should a child need to be removed from the home on an emergency basis due to unsafe circumstances. During this period, the project hired a consultant to assess the current state of foster care in the project districts and to develop a strategy to link with and build upon existing resources,

where applicable. Included in the strategy was the development of a plan to recruit, assess, train, and support a small number of foster-carers, as needed.

- ***Collaboration on MGLSD Capacity Strengthening:*** KCHPF is coordinating with its sister project 4Children Uganda System Strengthening (USS), to help strengthen the capacity of the MGLSD to advance wider alternative care and foster care initiatives. Within the USS Project, 4Children supported the MGLSD to orient the Probation and Social Welfare staff country-wide (including the nine districts supported by KCHPF) on key provisions of the Children's Home Rules and Children's Act Amendment to better operationalize the guidelines for supervision of child care institutions. The KCHPF project complemented these efforts by assisting the PSWOs in Kalungu, Kyotera, Masaka, and Mukono to convene district-level meetings with CDOs, PSWs, and selected RCF staff. KCHPF was invited to present opportunities for partnership in support of reintegration back into family-based care in each of these meetings. A total of 149 individuals were reached.

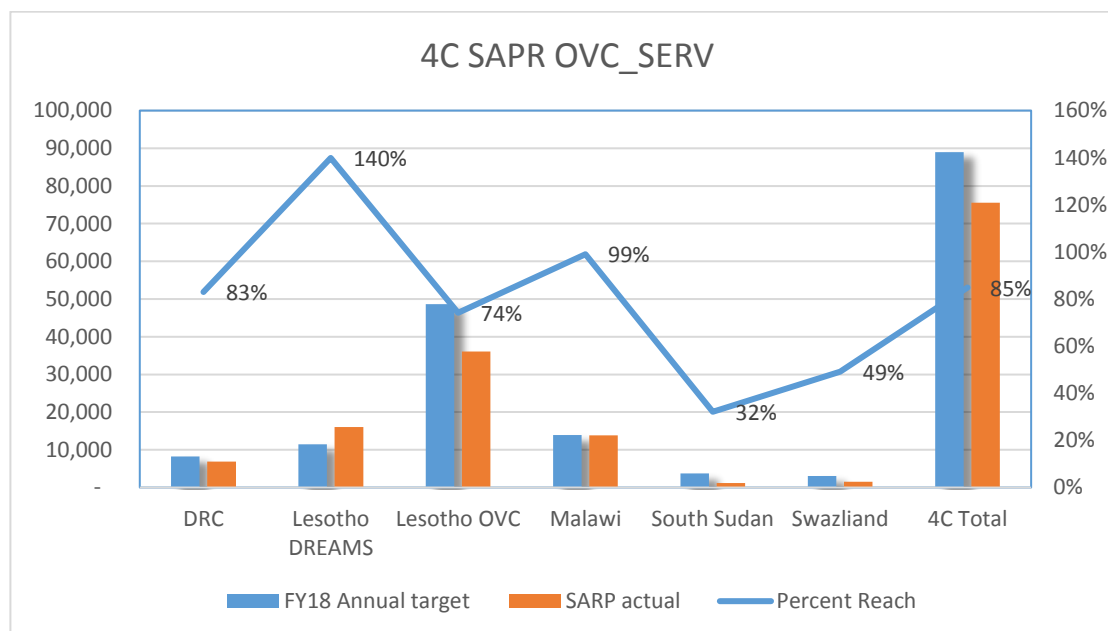
***Response to Government Decree for RCF Closure.*** In February 2018, the MGLSD announced that all unapproved RCFs in targeted districts must close within a 30- to 60-day period. Out of the 32 RCFs that the project is working with, 22 are not currently approved by the MGLSD. KCHPF Uganda has been working closely with the MGLSD to highlight the potential for increased child safeguarding issues associated with the rapid closure of RCFs. At the same time, KCHPF Uganda has offered support, where appropriate, in facilitating the safe return of children to their families. The MGLSD announcement has had both positive and negative effects on the project and its relationships with RCFs. The project has worked to advocate for an extension for those RCFs with which the project is working. This has allowed the KCHPF team to continue with the case management process, as planned. As a result, a few RCFs that had previously declined to work with KCHPF have since initiated dialogue with the project. Further, the project has also experienced increased cooperation from some of the RCFs that had already been working with the project. Information that had previously been withheld from case managers, has since been shared, including case file information and the location of family members, which has improved the project's ability to successfully locate and assess families. While the project is appreciative of the improved collaboration, it has, however, shed light on the level of obstruction and withholding of information by the RCFs that had previously been occurring. This withholding of information from the case managers has resulted in protracted efforts to trace and assess families, seriously delaying reunifications. Follow-through on the MGLSD announcement has proven to be inconsistent; only a few RCFs have made plans to send children home and close their doors in response. When feasible, KCHPF has worked with these RCFs and families to provide case management support and include eligible children in the research. However, additional enrollment in the project has been lower than originally anticipated.



## IV. Accomplishments Against Targets

### A. OVC\_SERV and OVC\_HIVSTAT

Between October 2017 and March 2018, the six 4Children projects that report on OVC\_SERV reached a total of 75,513 beneficiaries. This represents 85% of the overall FY18 annual OVC\_SERV target of 88,992. In addition to the beneficiaries reached with a service, 137 were transferred to a PEPFAR IP, and 55 were transferred to a non-PEPFAR IP.

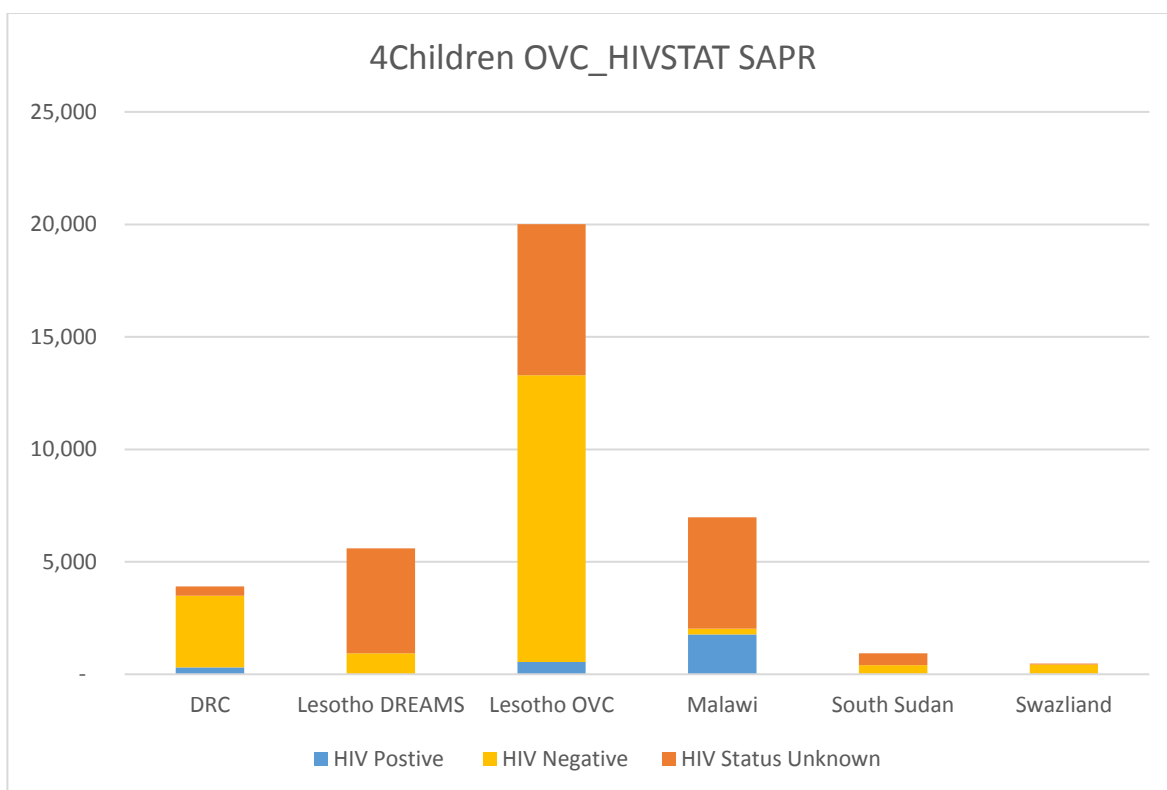


Of the total beneficiaries reached, 38,889 were under 18 years old. HIV status was collected on these beneficiaries under the indicator OVC\_HIVSTAT; 2,671 self-reported to be HIV-positive (7% of the total), while 17,904 reported as HIV-negative (46%). Of those who reported to be HIV-positive, 2,434 (91%) are on ART and 237 (9%) are not on ART. 4Children will be working closely with those not on ART to ensure they are linked to treatment. 4Children is also working to reduce the proportion of children whose status is not known, which currently varies significantly, as shown in the table and graph below.

**Table 1: 4Children OVC\_HIVSTAT**

Country	HIV Positive	On ART	Not on ART	HIV Negative	HIV Status Unknown	Test not indicated	Other Reasons	OVC_SERV under 18 total	Percent HIV positive	% of positives on ART
DRC	300	300	-	3,198	403	35	368	3,901	8%	100%
Lesotho DREAMS	12	12	-	914	4,677	-	4,677	5,603	<1%	100%
Lesotho OVC	544	530	14	12,743	6,716	986	5,730	20,989	3%	97%
Malawi	1,773	1,550	223	259	4,952	-	4,952	6,984	25%	87%
South Sudan	26	26	-	377	535	-	535	938	3%	100%
Swaziland	16	16	-	413	45	-	45	474	3%	100%
4C Total	2,671	2,434	237	17,904	17,328	1,021	16,307	38,889	7%	91%





## B. Core Activity Targets

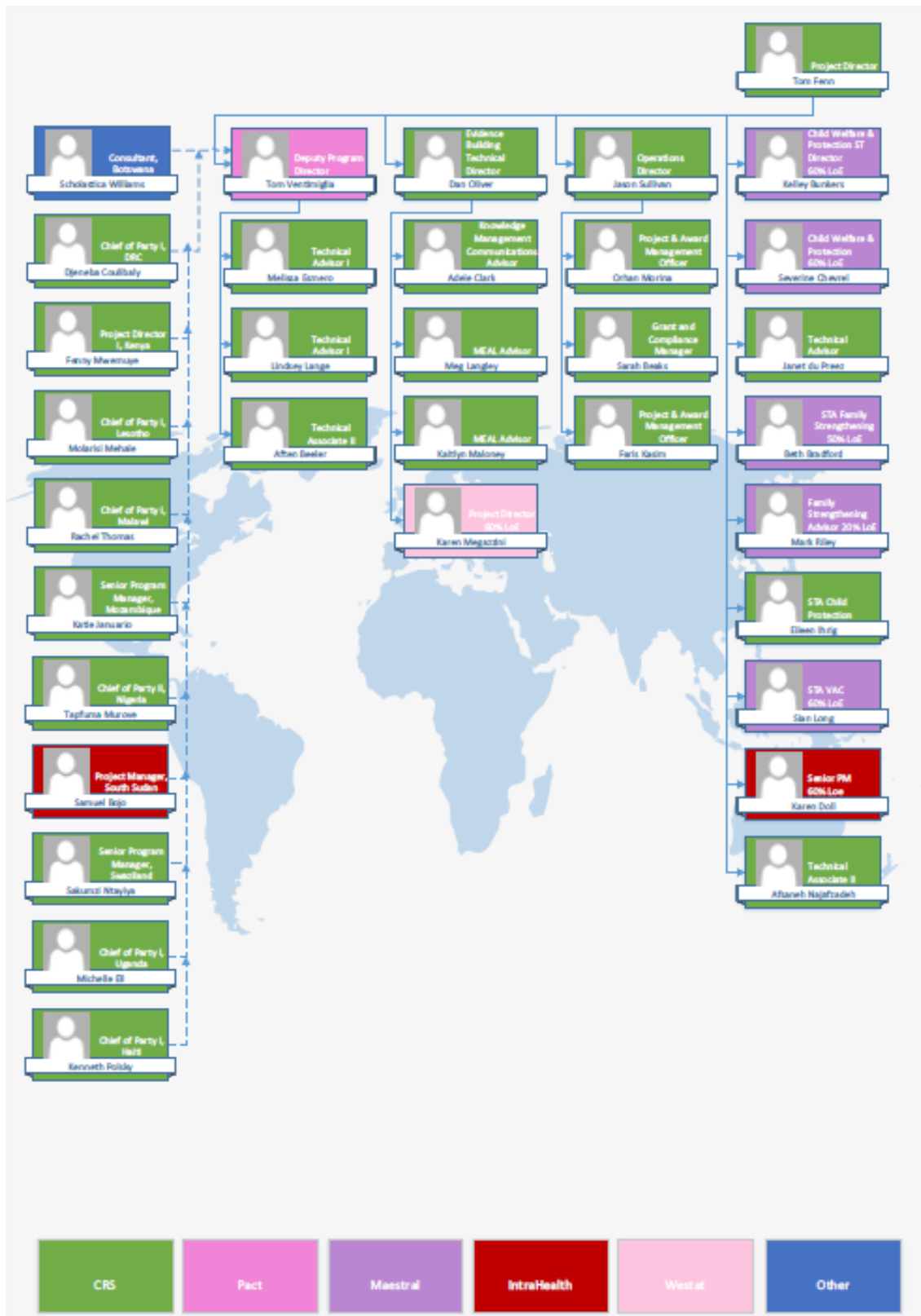
Core activity achievements against the targets set in the project’s annual performance monitoring plan are as detailed in Annex 1.

## V. Program Management

### A. 4Children Structure and Staffing

The project experienced minimal staffing changes during the reporting period at the headquarters level and among the field-based project directors, allowing for great continuity in the provision of quality technical and managerial oversight. With the exception of one replacement staff in the HQ Operations unit and the loss of one Technical Advisor (who remains engaged in the 4Children activity in her new role as a CRS OVC Advisor for the central Africa region), the entire HQ team remained with the project through the reporting period. The Programs unit slightly restructured country-level portfolios to account for the one departing staff. With the exception of Namibia, where the activity closed out in December, all Field Directors were also in place throughout the period.

The headquarters team, built around four units with responsibility for technical assistance and leadership, program management and support, operations/finance, and Monitoring, Evaluation, Accountability & Learning (MEAL), and the country leads representing the buy-in teams, is as shown in the updated 4Children organizational chart on the following page.



## **B. Partner Coordination**

The six 4Children consortium partners—CRS, IntraHealth, Maestral, Pact, Plan, and Westat—continued to work closely together to support timely, high quality management and technical inputs to the Core and Country activities implemented during the reporting period. In addition to the contributions on specific project activities, the consortium members contributed to the project’s overall planning, design, implementation, and monitoring through participation in a joint consortium partners meeting in February 2018, as well as bi-weekly conference calls held to provide updates on all core activities and all country buy-ins, on an alternating basis. An advisory group with high-level representation from all consortium members was formed and began regular, quarterly meetings, including prior to and just following the February consortium and field directors meeting. The 4Children management team also continued to hold bi-weekly consultations with the USAID OVC team in Washington.

## **C. Financial Report Overview**

Detailed quarterly financial reports for the reporting period have been submitted under separate cover. Highlights of project finances during the reporting period include the following:

*Expenditures and burn rate:* Total 4Children expenditures during the reporting period were \$11,651,502. This includes \$6,085,215 in expenditures during the second quarter. Total 4Children expenditures inception to date are \$43,994,072. This represents 78% of the total obligated amount of \$56,247,650; the total remaining of the current obligation is \$11,747,926.

The FY18 semi-annual project burn rate is \$1,941,917 per month, a 9% increase over the FY17 monthly burn rate, as the project saw peak level of activities in Nigeria, Lesotho and DRC, among others.

*Partner expenditures:* 4Children’s consortium partners—IntraHealth, Maestral, Pact, Plan, and Westat—expended approximately \$2.9 million in the first two quarters of FY18, representing 25% of total federal expenses during the period, an increase of 6% of their proportion of expenditures over the last reporting period. The remaining portion of period expenditures includes CRS, as well as sub-recipients and consultants, including GSSWA, BCN, Keeping Children Safe, World Education, as well as other partners and consultants.

*Activity expenditure tracking:* Core Activity expenditures totalled approximately \$1.5 million for the first two quarters of FY18. Core Activities with the greatest expenditures are the Zimbabwe Chido project implemented by World Education in Zimbabwe, which accounted for 18% of core expenses, followed by GSSWA, at 7%, and child safeguarding and case plan achievement activities, each comprising 6% of core expenses for the period. Management & General represents 39% of core expenses in this period, a decrease of 11% from FY17.

*Country Buy-in expenditures:* Activities were undertaken in all countries with 4Children buy-ins, with the largest expenditures in Nigeria (\$1,980,758), KCHPF Uganda (\$1,373,768), Lesotho OVC (\$1,323,666), DRC (\$828,557), and Lesotho DREAMS (\$623,483). These top five country activities accounted for approximately 53% of all country expenditures for the reporting period. Total expenses across all 13 buy-ins was \$10.1 million, or 87% of the total 4Children expenditures for the period.

*Cost share:* 4Children cost share expenditures from inception to date total \$3,172,235 or approximately 7% of total federal expenditures. 4Children has proactively sought to ensure that cost share is achieved early in the award to ensure that the 5% commitment is reached.

## **VI. Challenges**

Detailed quarterly and semi-annual reports submitted at country level detail many of the country-specific challenges experienced during this reporting period. Many challenges reported previously continue to face the project as a whole. For example, uncertainty about the availability of funding after the end of the HOP period (for core activities) or after the end of the fiscal year (for certain buy-ins) hindered early and/or longer-term planning. During this reporting period, delayed confirmation of current year funding (e.g. DRC, South Sudan) as well as unexpected scope of work changes (e.g. DRC) added to the uncertainty and affected project focus and activity. These factors, combined with changes in key PEPFAR indicator definitions, negatively affected the achievement of some results in some countries.

## **VII. Other Reporting Considerations**

### **A. Gender Inclusion**

4Children has made deliberate efforts to ensure that gender inclusion and gender equity are guiding principles in its core and country activities. The project has incorporated a gender lens into the processes of program design, implementation, monitoring, and evaluation as well as in the development of SOPs, guidance, and other technical resources. Several specific activities are being implemented which have specific gender-focused objectives or components, as described elsewhere in this report, and it is notable that many of the 4Children buy-ins have an explicit focus on the needs of adolescent girls and young women, including Haiti, Lesotho, Nigeria, Swaziland, and others.

Examples of 4Children approaches to ensure gender considerations are included in all relevant activities include the following:

- Reviewing scopes of work to ensure that an understanding of gender underpins program design
- Identifying specific gender and equity outcomes/benchmarks for each activity and tracking progress towards benchmarks
- Generating an evidence base on the gender-specific factors that render girls and boys of all ages vulnerable and that promote gender equity and applying this to program design
- Identifying and promoting promising approaches and existing tools to address gender inequity within programs
- Identifying needed gender technical expertise and capacity-strengthening priorities that focus on promoting gender norms across the technical areas of focus for 4Children
- Providing training to support gender-aware and gender-transformative program delivery

### ***Gender Inclusion: Spotlight on 4Children DRC***

In the DRC, gender is a major focus under 4Children, both in ensuring that girls and women are prioritized for key project interventions such as educational support and economic strengthening interventions, as well as ensuring that the project's system strengthening activities specifically integrate efforts to build the capacity of HIV and child protection actors to ensure a gender-sensitive response. For example, the A3-level para social work training curriculum developed with 4Children support, as well as 4Children's case management training materials, include sessions on gender and diversity, as well as a cross-cutting approach to consider the needs of boys and girls, men and women of all ages, especially children and adolescents who are key populations. In the two HIV/CP linkages training modules developed in support of the INTS pre-service training of graduate-level social workers, concepts of age- and gender-specific issues and responses, including using case studies that focus on the particular HIV-related vulnerabilities of girls and boys of different ages, are included. 4Children also ensured gender-sensitive technical input in the national guide developed to address the needs of street-associated adolescents at risk of HIV exposure, in particular girls. The gender approach includes highlighting gender considerations at all stages of support to street-associated adolescents, such as understanding the context for arriving on the streets, ensuring that programs delivering services address gendered issues through for example safe spaces for girls in project sites and taking into account the particular needs of adolescent mothers. The guidance has drawn on existing tools that provide practical interventions for both increased staff awareness of gender issues and suggestions for needs assessment and monitoring tools that highlight the particular issues faced by street-associated adolescent girls. The tools also provide some basic gender awareness issues in drawing attention to the needs of boys who are themselves victims of violence, including sexual violence, and face great challenges in accessing support and services.

## **B. Environmental Compliance**

No issues or challenges faced per 22 CFR PART 126.

## **C. Human Subjects Protection**

4Children's MEAL team is providing oversight in ensuring human subjects' protection in all of the research components of the project. Human subjects protection, including child protection, is addressed in all of the project's study protocols. In this reporting period, protocols were drafted for research activities in Kenya, and a revised protocol was drafted in Uganda. The revised protocol for the research in Uganda under KCHPF was submitted in April 2018 to MildMay, the local IRB body in-country. In Kenya, a research protocol was submitted to AMREF/Kenya for the *Tracer Study on OVC Household Graduation in Kenya*. The teams are still waiting approval for both submissions.

No Human Subjects Protection issues arose during studies carried out during this reporting period.

## **Annex 1. Core Activity Targets and Achievements**

Indicator	Type	Unit of measure	Source	Method	Disaggre- gation	Frequency	October 2017 - March 2018	
							SAPR Targets	SAPR Results
CORE ACTIVITIES								
1. Case Plan Achievement								
Pathways graphic and text uploaded on to OVCSupport.org	Output	# of page views from OVCSupport.org	OVCSupport.org	Internal verification	By geographic location	Performance period	150	18
Guidance on transition in OVC Programming finalized and posted to OVCSupport.org	Output	# of downloads of the document from OVCSupport.org	OVCSupport.org	Internal verification	By geographic location	Performance period	75	0
Case studies finalized and uploaded to OVCSupport.org	Output	# of downloads of the document from OVCSupport.org	OVCSupport.org	Internal verification	By geographic location, organization	Performance period	75	0
Webinar highlighting the case studies on transition of OVC programs conducted	Output	# of participants attending the webinar	OVCSupport.org	Internal verification	By geographic location, organization	Performance period	30	0
Tracer study conducted in Kenya at the six and twelve month mark after exit or transfer to learn more about the outcomes of children and families that have exited OVC programming via the case plan achievement pathway	Output	# of tracer study report downloads from OVCSupport.org	OVCSupport.org	Internal verification	By geographic location, organization	Performance period	150	0
Webinar conducted to share findings of the tracer study	Output	# of participants attending the webinar	OVCSupport.org	Internal verification	By geographic location, organization	Performance period	30	0



<b>2. Strengthened Referral Systems</b>								
Case studies finalized and disseminated via OVCSupport.org	Output	# of page views on OVCSupport.org	OVCSupport.org	Internal verification	By geographic location	Performance period	50	57
<b>3. Global Social Service Workforce Alliance (GSSWA)</b>								
New resources included in the library	Output	# of new resources	Project records	Internal verification	By country	Performance period (cumulative)	710	760
Total number of GSSWA members increased	Output	# of new members	Project records	Internal verification	By region	Performance period (cumulative)	1,600	1,798
Number of page views on Alliance website increased	Output	# of page views	Project records	Internal verification	NA	Performance period (cumulative)	250,000	271,311
Monthly Steering Committee meeting conference calls and annual in-person meeting held	Output	# of meetings	Project records	Internal verification	NA	Performance period (cumulative)	12	12
Webinars and other information sharing sessions promoted that address critical workforce issues	Output	# of live participants and webinar downloads	Project records	Internal verification	By topic, by live participants vs webinar downloads	Performance period (cumulative)	420	889
Support ongoing development of the case management interest group to produce at least one product to be defined by the group in its first year, such as a compendium of case management-related resources	Output	Outcome report for internal planning	Project records	Internal verification	NA	Performance period	1	1
Translation of Alliance products	Output	# of products translated	Project records	Internal verification	NA	Performance period	1	2

Advocacy toolkit and infographics completed and disseminated to assist Alliance Ambassadors and workforce advocates to promote the social service workforce	Output	# of times the toolkit is distributed and downloaded	Project records	Internal verification	NA	Performance period (cumulative)	200	610
Presentations made on workforce strengthening at major international conferences	Output	# of presentations	Project records	Internal verification	NA	Performance period	7	9
Workforce mapping toolkit developed	Output	# of times the toolkit is distributed and downloaded	Project records	Internal verification	NA	Performance period	250	0 (to be completed by Sep 2018)
2017 State of the SSW Report produced and disseminated	Output	# of reports distributed and downloaded	Project records	Internal verification	NA	Performance period	400	138
<b>4. Integrating Violence Against Children Prevention and Response Activities</b>								
Training curriculum on VAC for HIV staff drafted	Output	Presence of document	Project records	Internal verification	NA	Performance period	1	1
Training curriculum guidelines piloted	Output	# of pilot sites	Project records	Internal verification	By geographic location, type of service provider	Performance period	3	0
Identification tool and checklist on VAC for HIV staff drafted	Output	Presence of document	Project records	Internal verification	NA	Performance period	1	0
Identification tool and checklist on VAC for HIV staff piloted	Output	# of pilot sites	Project records	Internal verification	By geographic location, type of service provider	Performance period	3	0
Family HIV care services desk review drafted	Output	Presence of document	Project records	Internal verification	NA	Performance period	1	0

<b>5. Enhancing clinic-community linkages for child and adolescent survivors of sexual violence</b>								
Sexual violence and child protection staff trained in clinic-community linkages	Output	# trained	Project records	Internal verification	By geographic location, type of service provider	Performance Period	60	0
Pilot interventions developed and implemented	Output	# of models designed and implemented	Project records	Internal verification	By geographic location	Performance Period (cumulative)	3	0
Standard Operating Procedures (SOPs) and job aids developed	Output	# of documents developed	Project records	Internal verification	NA	Performance Period (cumulative)	3	0
Pilot interventions documented	Output	Presence of document	Project records	Internal verification	NA	Performance Period	1	0
<b>6. Training and Technical Assistance for Meeting Child Safeguarding Requirements</b>								
In-country training on child safeguarding and USAID standard provisions implemented	Output	# of people trained	Project records	Internal verification	By geographic location	Performance period	75	145 (44 Nigeria, 26 Tanzania, 26 Botswana, 49 DRC)
Child safeguarding policies meeting USAID standards developed by participants post-training	Output	# of organizations with child safeguarding policy approved by Keeping Children Safe	Project records	Internal verification	By geographic location	Performance period	40	6
Follow-up training for OVC Implementing Partners (IP) Child Safeguarding Focal Points implemented	Output	# of people trained	Project records	Internal verification	By geographic location	Performance period	15	0

Webinars on child safeguarding facilitated	Output	# of webinar participants	Project records	Internal verification	By geographic location, organization	Performance period	40	0
<b>6. Supporting the Better Care Network (BCN)</b>								
Country Pages developed for the BCN website	Output	# of country pages available on BCN website	BCN website	Internal verification	NA	Performance period	5	21
Directory of organizations working in care developed and linked to country pages	Output	# of organizations included in the directory	BCN website	Internal verification	NA	Performance period	5	167
Quarterly BCN newsletters developed and distributed	Output	# of newsletters distributed	BCN website	Internal verification	NA	Performance period	6	6
Care2Practice Online Community of Practice learning events facilitated	Output	# of events facilitated	BCN website	Internal verification	NA	Performance period	2	4
Report developed on global mapping of the evidence on key aspects of children's care and care reform	Output	Presence of document	BCN website	Internal verification	NA	Performance period	1	1
Matrix developed of current and planned research relevant to children's care globally	Output	Presence of document	BCN website	Internal verification	NA	Performance period	1	1
<b>8. Early Childhood Development (ECD)</b>								
Develop ECD job aides and set of tools	Output	Presence of document	Project records	Internal verification	NA	Performance period	1	0
Host a webinar on ECD	Output	# of webinar participants	Project records	Internal verification	By geographic location, organization	Performance period	50	0

<b>9. Mental Health</b>								
Develop a set of mental health tools and guidance based on the findings from the literature review and results of the expert consultation	Output	Presence of document	Project records	Internal verification	NA	Performance period	1	0
Pilot the set of mental health tools and guidance	Output	# of pilot sites	Project records	Internal verification	By geographic location	Performance period	4	N/A (removed after further discussion with USAID)
<b>10. HTS Integration into OVC Programming</b>								
Key findings related to HTS and the role of the workforce presented	Output	# of conference presentations	Project records	Internal verification	NA	Performance period	1	1
Webinar series on HTS case studies and materials	Output	# of webinars	Project records	Internal verification	NA	Performance period	2	3
Case studies and HTS materials digitally disseminated	Output	# of page views from ovcsupport.org	Project records	Internal verification	NA	Performance period	200	62
Conduct TDY visits to provide in-country trainings and supportive supervision	Output	# of visits completed	Project records	Internal verification	By geographic location	Performance period	8	0
<b>11. Adherence Support Model</b>								
This activity was included as a placeholder in the HOP16 work plan, but without specific objectives or activities defined. 4Children was later informed by USAID that the activity would not proceed								
<b>12. OVCSupport.org</b>								
Monthly bulletins produced	Output	# of newsletters	Project records	Internal verification	NA	Performance period	6	5

New resources included in library	Output	# of resources	Project records	Internal verification	By topic/programmatic area	Performance period	30	46
Learning events/webinars held	Output	# of events	Project records	Internal verification	By topic/programmatic area	Performance period	2	1
Number of participants in learning events	Output	# of participants	Web analytics records	Internal verification	By topic/programmatic area	Performance period	120	60
Number of page views	Output	# of page views	Web analytics records	Internal verification	NA	Performance period	11,500	13,073
Unique users	Output	# of users	Web analytics records	Internal verification	By geographic location	Performance period	4,250	6,421
Number of social media followers	Output	# of followers	Web analytics records	Internal verification	By medium (FB, Twitter)	Performance period (cumulative)	700	757
Number of newsletter subscribers	Output	# of subscribers	Web analytics records	Internal verification	NA	Performance period (cumulative)	2,250	2,126
<b>13. Piloting Social Service System Strengthening Indicators</b>								
Output and impact level indicators piloted in two countries	Output	# of pilots	Project records	Internal verification	NA	Performance period	2	0
Document that outlines the activities and initial feedback on the pilots drafted and shared with USAID	Output	Presence of document	Project records	Internal verification	NA	Performance period	1	0
<b>14. Special Initiative Zimbabwe</b>								
Sub-award issued to continue CHIDO RCT	Output	Presence of document	Project records	Internal verification	NA	Performance Period	1	1

Child Development Monitoring Tool Developed	Output	Presence of document	Project records	Internal verification	NA	Performance Period	1	0
<b>15. End line Evaluation of the SPSSSE Program</b>								
Delivery of final report and exit presentation to ESSWA and USAID	Output	Presence of final report	Project records	Internal verification	NA	Performance period	1	1
<b>16. 2017 PEPFAR Orphans and Vulnerable Children Forum</b>								
The PEPFAR OVC Forum was not scheduled during the reporting period; this activity is thus on hold.								